



MEMBER Quick Reference Guide

Effective January 1, 2017

MHS Rewards You! Start earning CentAccount Healthy Rewards today. Use rewards to buy groceries, baby items, or pay your monthly HIP payment.

MHS is a health coverage provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise (HHW), the Healthy Indiana Plan (HIP) and Hoosier Care Connect.



BENEFITS FOR HOOSIER HEALTHWISE (HHW), CHILDREN'S HEALTH INSURANCE PLAN (CHIP), HEALTHY INDIANA PLAN (HIP)

These are general guidelines only. If you have a question about covered services, please call MHS Member Services.

	HHW	CHIP	HIP
Authorized therapies – physical, speech, occupational, respiratory	Covered	Covered	Covered
Bariatric surgery	No	No	HIP State Plan & HIP Plus
Case Management	Covered	Covered	Covered
Continued care after hospital stays (post-stabilization)	Covered	Covered	Covered
Cosmetic procedures	No	No	No
Developmental delay evaluation & treatment	Covered	Covered	No
Diabetes strips, blood sugar monitoring	Covered	Covered	Covered
Doctor visits (services from your PMP/family doctor)	Covered	Covered	Covered
During and after pregnancy care - Call MHS right away if you become pregnant	Covered	Covered	Covered
Free ride services to doctor visits, pharmacy, emergency care, and Medicaid re-enrollment	Covered	Emergency Only	Covered
Emergency transportation	Covered	Covered	Covered
Hearing aids (every 5 years)	Covered	Covered	Covered
Home healthcare	Covered	Covered	Covered
Hospice	Covered	No	Covered
Hospital stays	Covered	Covered	Covered
Labs/X-rays	Covered	Covered	Covered
Medical supplies/equipment	Covered	Covered	Covered
New or experimental services or alternative therapies	No	No	No
Orthotics – leg braces; orthopedic shoes; prosthetics	Covered	Covered	Covered
Prescriptions	Covered	Covered. Copay may be required.	Covered
Referrals to specialists	Covered	Covered	Covered
Surgeries (outpatient)	Covered	Covered	Covered
Tests to find if you have a health condition (diagnostics)	Covered	Covered	Covered
TMJ – Temporomandibular Joint Disorder	No	No	Covered – HIP Plus & HIP State Plan
Treatment for learning disability, problem solving or memory issues	No	No	No
Well check-ups (Early Periodic Screening, Diagnosis & Treatment)	Covered	Covered	Covered (through the month of the member's 21st birthday)

The following are self-referral services. Hoosier Healthwise and CHIP members can get these services listed from any provider that accepts Indiana Medicaid unless otherwise noted. Healthy Indiana Plan members must get the services listed from in-plan providers, except for birth control and emergency room visits.

Birth control (family planning)	Covered	Covered	Covered
Behavioral healthcare/Psychiatric services	Covered*	Covered*	Covered
Chiropractic care	Covered	Covered	Covered - HIP State Plan
Emergency room	Covered	Covered	Covered – Copay may apply
Shots (immunizations)	Covered	Covered	Covered
Sexually transmitted infection (STD) treatment	Covered	Covered	Covered
Treatment for alcohol/drug abuse	Covered	Covered	Covered
Women's care (pap test, chlamydia test, mammogram)	Covered	Covered	Covered
Vision Care - check-ups, glasses, contacts	Covered	Covered	Covered – HIP State Plan, HIP Plus, Pregnancy
Dental care	Covered*	Covered*	Covered – HIP State Plan, HIP Plus, Pregnancy
Podiatric services (foot care)	Covered	Covered	Covered with restrictions
Urgent care services	Covered	Covered	Covered
Psychiatric services	Covered	Covered	Covered

***Must use an MHS network provider.**

Long-term care, home and community-based waiver services, State psychiatric facility services and psychiatric residential treatment facility services are not covered. For a more detailed list of covered and non-covered services, please visit indianamedicaid.com. Any MHS member interested in learning about and receiving Case Management services may call 1-877-647-4848 to learn more.

We're Here to Help!

Call: 1-877-647-4848; Monday - Friday, 8 a.m. - 8 p.m. (1-800-743-3333 TTY/TDD)

Visit: mhsindiana.com

PREVENTIVE HEALTH / MEDICAL HOME

You deserve a medical home with your primary medical provider (PMP). This is a place you can always go for sick visits and regular check-ups. Your PMP will know your medical history and will work with you to keep you healthy.

The best way to stay healthy is to see your PMP for regular preventive care. Ask your doctor what screenings, exams and immunizations (shots) are right for you.

Preventive Care Services for Adults	Male	Female
Well-person Exam	Annually	Annually
Blood Pressure	Annually	Annually
Body Mass Index (BMI) Screening	Annually	Annually
Breast Cancer Screening	N/A	Ages 40-64
Cervical Cancer Screening	N/A	Ages 21-64
Chlamydia Screening	N/A	Ages 16-24
Cholesterol Screening	Ages 20+	Ages 20+
Colorectal Screening	Ages 50-64	Ages 50-64
Dental Exam	Annually; every 6 months for HIP Plus	Annually; every 6 months for HIP Plus
Diabetes (Type 2) Screening <i>Talk with your doctor about what services you might need each year in addition to HgbA1c, LDL, diabetic eye exam and kidney monitoring.</i>	Annually	Annually
Flu Shot	Annually	Annually
Hepatitis C Screening	Annually	Annually
HIV Screening	Annually	Annually
Osteoporosis Screening	NA	Ages 50-64

Preventive Care Services for Children	
Well-child Exams for infants and toddlers	Newborn, 2 month, 4 month, 6 month, 9 month, 15 month, 18 month, 24 month & 30 month
Well-child Exam beginning at age 3 yrs	Annually
Blood Pressure [>Age 3]	Annually
Body Mass Index (BMI) Percentile Screening [>Age 2]	Annually
Chlamydia Screening	Ages 16+ (At risk for sexual activity)
Dental Exam	Every 6 months (under age 21)
Depression Screening [>Age 11]	Annually
Developmental Screening	At each well child visit
Hearing Screening	Ages 4-6, 8 and 10
Lead Screening	Ages 1 and 2
Vision Screening	Ages 3-6, 8, 10, 12, 15 and 18

PREMIUMS, CONTRIBUTIONS AND COPAYS

CHIP Monthly Premiums (All CHIP members)

The amount members are required to pay is based on their income and number of children in their family who are on the CHIP program. Monthly premiums are due by the due date listed on the monthly invoices from the State. Payment must be made within 60 days of the due date to keep coverage.

HIP POWER Account Contributions (HIP Plus members)

HIP Plus is the HIP plan for the best value. HIP Plus members get dental and vision benefits, and no copays! HIP Plus members have a low, predictable monthly payment. Be sure to pay your bill each month by the due date. If not paid, depending on your income, you will be moved to HIP Basic or lose your HIP coverage completely.

Are you a HIP Basic member? Be sure to POWER Up to HIP Plus when it's time to re-enroll!

Did you know you can pay your monthly POWER Account payment with CentAccount rewards? Visit mhsindiana.com to find out how to earn rewards today.



HIP Basic Member Copayment Amounts	
TYPE OF SERVICE	COPAYMENT AMOUNT
Preventive Care	No Copay
Family Planning Services	No Copay
Maternity Services*	No Copay
Outpatient Services	\$4
Inpatient Services	\$75
Preferred Drugs	\$4
Non-Preferred Drugs	\$8

*Pregnant members must inform MHS or the DFR when they become pregnant and when the pregnancy ends.

HIP Plus and HIP Basic Non-Emergency Use of Emergency Room Copayment Amounts

# OF NON-EMERGENCY ER VISITS	COPAYMENT AMOUNT
First Visit	\$8
Each Non-Emergency Visit after the First	\$25

Copays will be collected from all eligible HIP members EXCEPT for those exempt from cost-sharing (pregnancy, American Indian/Alaskan Native).

CHIP Copayment Amounts

TYPE OF SERVICE	COPAYMENT AMOUNT
Prescription Drugs - Generic, Compound and Sole-Source	\$3
Prescription Drugs - Brand Name	\$10
Emergency Ambulance Transportation	\$10

PREVENTIVE SERVICES FOR HIP DISCOUNTS

Get your preventive health services and save money! You can earn rewards AND get a discount on your payments for next year.

If your healthcare expenses during the year do not use all the money in your POWER Account, you can rollover the part of your balance that you contributed toward your next year of HIP Plus coverage. Your rollover amount is doubled if you get certain preventive services.

Read more about rollover and see a list of preventive services in your Member Handbook.

BE PREPARED FOR YOUR DOCTOR VISIT!

- Arrive on time
- Bring medical and shot records
- Take notes
- Bring your MHS ID card and photo ID
- Turn off cell phones, iPods, games, etc
- Talk about your next steps
- Bring a list of questions
- Describe symptoms and complaints
- Schedule yearly check-ups

VISION AND DENTAL SERVICES

Vision and Dental Care are self-referral services.

	HHW	CHIP	HIP
Vision Care - check-ups, glasses, contacts	Covered	Covered	Covered – HIP State Plan, HIP Plus, HIP Pregnancy
Dental Care	Covered	Covered	Covered – HIP State Plan, HIP Plus, HIP Pregnancy

VISION - COVERED ROUTINE CARE

Members ages 19 and 20:

- One routine vision exam every year
- New eyeglasses after your exam if your vision has changed significantly since your last pair, or as determined by your doctor.

Members ages 21 and older:

- One routine vision exam every two years
- New eyeglasses after your exam if your vision has changed significantly since your last pair, or as determined by your doctor. If your vision has not changed, then you are covered for new eyeglasses once every five years.

Enhanced Vision Benefits

Members can receive their covered in full eyewear OR opt out of the standard benefit and receive \$75 towards their eyewear.

DENTAL - COVERED ROUTINE CARE

- One cleaning and fluoride treatment every 6 months for members age 1-20
- One cleaning every 1 year for members ages 21 and older
- X-rays and fillings
- Orthodontia for children (based on medical need)
- Dental surgery (with limits)
- Emergency dental services

Some dental services must be approved in advance by MHS, including dentures and dental surgery. Your dentist can help you get approval.

You must see an MHS network dentist to get these services.

Don't have dental and vision benefits? Take charge of your health next year and POWER Up with HIP Plus. Make sure you keep paying your POWER Account contributions to keep HIP Plus benefits.

ADDITIONAL SERVICES AND INFORMATION

Want to earn CentAccount® rewards? Earn rewards for seeing your doctor and getting regular screenings and check-ups. You can use your rewards to get health-related items and services. *You can also use rewards to pay your monthly POWER Account Contribution!*

Get your first reward today as a new member by completing your Health Needs Screening online at mhsindiana.com/hns or over the phone with Member Services.

Want help understanding your benefits? Call MHS Member Services and ask for a referral to our Family Education Network. You will get a phone call from a representative who will help explain the benefits specific to your health program.

Want to quit smoking? As your insurance provider, and through a partnership with the Indiana Quitline, MHS can provide coverage for free counseling and/or medication to help you stop using tobacco products. Call the Indiana Quitline at 1-800-QUIT-NOW and tell them you're an MHS member. *You can earn \$20 in CentAccount rewards for enrolling with the Quitline.*

Need a ride? HHW and HIP members can get FREE rides to and from scheduled doctor visits and to the pharmacy. Call MHS Member Services to schedule your ride.

Have health questions? The MHS 24-hour nurse advice line is available to answer your health questions. You can also visit our online Health Library at mhsindiana.com/health. We have over 4,000 health fact sheets available in English and Spanish.

Need language assistance? Over-the-phone language interpreters are available 24/7 through MHS' phone lines. If your doctor does not speak your language and cannot provide an interpreter, please call MHS at least seven days before your visit so that we can arrange assistance.

Need to renew your benefits? Do you know the date of your next meeting with your caseworker to renew your benefits? Call 1-800-403-0864 to make sure you keep your benefits for you and your family. MHS members get FREE rides to renew benefits.

Secure member portal At mhsindiana.com you can create a free personal account to access your health information online, 24/7. Now you can view all MHS family members under one account. You can also send secure messages to MHS Member Services. Sign up today!

Read more about these topics in your handbook:

Rights & Responsibilities

As an MHS member, you have certain rights and responsibilities.

New Medical Treatments/Decisions

MHS has a group of doctors and staff that review new services, treatments and drugs regularly.

Privacy Policy/Medical Records

Your protected health information is kept secure and private by MHS and all its partners.

Complaints & Appeals

If you are unhappy with MHS' services, please contact Member Services. If you get a denial letter, you may file an appeal within 33 calendar days. If you are not happy with the appeal decision, you may file an External Review.

Quality Improvement

MHS wants to help you get the quality care you deserve. The MHS Quality Improvement program reviews all care and services you get from MHS doctors, hospitals and other services you receive. This helps ensure that the care you receive is of good quality, helpful and right for you.

A copy of your MHS handbook can be found online at mhsindiana.com/handbook. Or, you can call MHS Member Services and request a copy to be mailed to you.

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Visit: mhsindiana.com



Is it an Emergency?

GO to an Emergency Room (ER) or call 911 if you have any of these sudden, life-threatening symptoms:

- Bleeding that won't stop
- Broken bones
- Chest or other severe pain
- Poisoning
- Seizure
- Pregnancy labor
- Difficulty seeing, speaking, moving or breathing
- High fever
- Severe stomach pain
- Animal bite
- Drug overdose

CALL your doctor or urgent care clinic (avoid the wait and cost of an ER) if you have these non-life-threatening symptoms or concerns:

- Sprains and strains
- Mild pain during your period
- Diarrhea
- Well baby checks
- Vomiting
- Immunizations
- Cuts and scrapes
- Coughs and colds
- Earache
- Diaper rash
- Sore throat
- Medicine refills
- Tooth problems
- Lice, scabies or ringworm

What Is A Medical Home?

Develop a successful medical home. This means having a relationship with a doctor you trust. This is the first place you go for all your care; preventive, sick and emergency. This doctor understands and knows your medical history. Need help finding a doctor? Call us at 1-866-895-5164 and we can help find a doctor you can trust near you.

24 Hour Nurse Advice Line

1-877-647-4848

Find a Provider Search

mhsindiana.com

For a list of urgent care and walk-in clinics in the MHS network, visit mhsindiana.com and click on Find a Provider.

- 1 Choose your Location and Network (health plan).
- 2 Choose Detailed Search.
- 3 In the Type of Provider box, choose Clinic.
- 4 In the Specialty box, choose Urgent Care and then click Search.

Remember to show your MHS ID card to the provider every time you get care – including urgent care or walk-in clinics.

