

# **MEMBER Quick Reference Guide**

Effective January 1, 2018

MHS Rewards You! Start earning CentAccount Healthy Rewards today. Use rewards to buy groceries, personal care items and paper goods.

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



Authorized therapies - physical, speech, occupational, respiratory	Covered
Bariatric Surgery (medically necessary)	Covered
Continued care after hospital stays (post-stabilization)	Covered
Cosmetic procedures	No
Developmental delay evaluation & treatment	Covered
Diabetes strips, blood sugar monitoring	Covered
Doctor visits (services from your PMP/family doctor)	Covered
During and after pregnancy care - Call MHS right away if you become pregnant	Covered
Foot care	Covered
Unlimited ride services to doctor visits, pharmacy, emergency care, and Care Connect re-enrollment	Copay Required (\$1 each way)
Emergency transportation	Covered
Hearing aids (every 5 years)	Covered
Home healthcare	Covered
Hospice	Covered
Hospital stays	Covered
Labs/X-rays	Covered
Medical supplies/equipment	Covered
New or experimental services or alternative therapies	No
Orthotics – leg braces; orthopedics shoes; prosthetics	Covered
Prescriptions & Medication Therapy Management	Covered
Referrals to specialists	Covered
Surgeries (outpatient)	Covered
Tests to find if you have a health condition (diagnostics)	Covered
TMJ – Temporomandibular Joint Disorder	No
Treatment for learning disability, problem solving, or memory issues	No
Well check-ups (Early Periodic Screening, Diagnosis & Treatment)	Covered
The following are self-referral services. Self-referral services do not require a physician's referral or othe You do not have to use MHS network providers to receive the services unless noted below:  Birth control (family planning)	er authorization from MHS.  Covered
Behavioral healthcare	Covered, In Network
Psychiatric services	Covered
Chiropractic care	Covered
Emergency room	Covered
Shots (immunizations)	Covered
Sexually transmitted infection (STD) treatment	Covered
Treatment for alcohol/drug abuse	Covered
Women's care (pap test, chlamydia test, mammogram)	Covered
Vision Care - check-ups, glasses, contacts	Covered
vision care encor-ups, glasses, contacts	COVERCU

We're Here to Help!

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.

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

#### **COST SHARING & COPAYS**

#### What is Cost Sharing?

Cost sharing means that you and MHS work together to pay for your health care services. MHS pays most of the costs. Hoosier Care Connect members have cost sharing through a small copayment.

#### What are Copayments?

A copayment (copay) is a set amount of money you pay at the time of a medical service. You might also pay this when you pick up a prescription at the pharmacy. The following grid shows copay amounts for Hoosier Care Connect members:

HOOSIER CARE CONNECT COPAYMENT AMOUNTS			
TYPE OF SERVICE	COPAY AMOUNT		
Transportation by MHS	\$1 one-way, \$2 round-trip		
Prescription Medication	\$3		
Non-Emergency ER Visit	\$3		

#### Can My Cost Sharing Change?

Yes. There are limits to what you might have to pay. Your family's total cost sharing for healthcare can't be more than 5% of your family's income per quarter (3 month period). This is looked at over each quarter of the year. If you reach the limit, your cost sharing will be reduced or stopped for that quarter and you will not have to pay a copay for the rest of the quarter.

#### How Do I Know When I Reach the 5% Limit?

MHS keeps track of your costs for you. You do not need to do anything. If you reach the 5% limit, your copays will be automatically stopped for that quarter. You will not have a copay the next time you pick up a prescription or need transportation. Remember, your costs are looked at each quarter. Even if your copays stop in one quarter, you may need to pay copays again in the next quarter.

#### **Copay Exceptions**

- · Members who are pregnant, of Native American descent, less than 18 years of age or have already met their 5% cost sharing max do not have copays.
- · Medications for family planning do not have copays.
- · No transportation copays for rides to MHS member events.

#### PREVENTIVE CARE/ 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	Annually
Diabetes (Type 2) Screening Talk with your doctor about what services you might need each year in addition to HgbAIc, LDL, diabetic eye exam and kidney monitoring.	Annually	Annually
Flu Shot	Annually	Annually
Hepatitis C Screening	Annually	Annually
HIV Screening	Annually	Annually
Osteoporosis Screening	NA	Ages 50-64

Well-child Exams for infants and toddlers  Newborn, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month & 18 month  Well-child Exam [> Age 2]  Blood Pressure [> Age 3]  Body Mass Index (BMI) Percentile Screening [> Age 2]  Chlamydia Screening  Ages 16 + (At risk for sexual activity)  Dental Exam [> Age 2]  Annually  Depression Screening [> Age 11]  Annually  Developmental Screening  At each well-child visit  Hearing Screening  Ages 4-6, 8 & 10  Lead Screening  Ages 1 & 2	PREVENTIVE CARE SERVICES FOR CHILDREN		
Blood Pressure [> Age 3]  Body Mass Index (BMI) Percentile Screening [> Age 2]  Chlamydia Screening  Chlamydia Screening  Dental Exam [> Age 2]  Depression Screening [> Age 11]  Developmental Screening  Are ach well-child visit  Hearing Screening  Annually  Ages 4-6, 8 & 10	Well-child Exams for infants and toddlers	month, 6 month, 9 month, 12 month, 15 month & 18	
Body Mass Index (BMI) Percentile Screening [> Age 2] Annually  Chlamydia Screening Ages 16 + (At risk for sexual activity)  Dental Exam [> Age 2] Annually  Depression Screening [> Age 11] Annually  Developmental Screening At each well-child visit  Hearing Screening Ages 4-6, 8 & 10	Well-child Exam [> Age 2]	Annually	
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	Developmental Screening	At each well-child visit	
Lead Screening Ages 1 & 2	Hearing Screening	Ages 4-6, 8 & 10	
	Lead Screening	Ages 1 & 2	
Vision Screening Ages 3-6, 8, 10, 12, 15 & 18	Vision Screening	Ages 3-6, 8, 10, 12, 15 & 18	

#### **VISION AND DENTAL SERVICES**

#### Vision and Dental Care are self-referral services.

#### **VISION - COVERED ROUTINE CARE**

#### Members ages 20 and younger:

- · 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 may opt out of the standard eyewear benefit and receive \$75 toward contact lenses and lens fitting, deluxe frames, or lens add-ons.

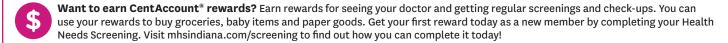
#### **DENTAL - COVERED ROUTINE CARE**

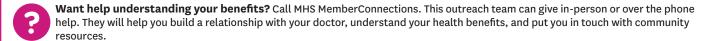
- One cleaning and fluoride treatment every 6 months for members age 1-20
- · One cleaning every 1 year for members ages 21 and older
- · X-rays and fillings
- · Orthodontia for children (based on medical need)
- · Dental surgery (with limits)
- · Emergency dental services

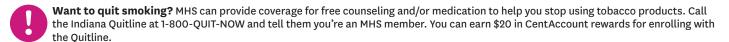
Some dental services must be approved in advance by MHS, including dentures and dental surgery. Your dentist can help you get approval.

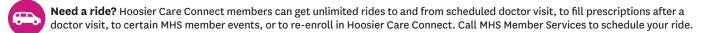
You must see an MHS network dentist to get these services.

### **ADDITIONAL SERVICES AND INFORMATION**









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 through redetermination? Call 1-800-403-0864 to make sure you keep your benefits for you and your family. MHS members get FREE rides to redetermination appointments.

Want to access your health info online? 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!

Visit mhsindiana.com/handbook to view or print the latest version of your Hoosier Care Connect handbook. You can also call Member Services at 1-877-647-4848 and ask for a copy.

MHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

MHS cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo.

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de MHS, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete. llame al 1-877-647-4848 (TTY/TDD 1-800-743-3333).

如果您,或是您正在協助的對象,有關於 MHS 方面的問題,您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話,請接電話 1-877-647-4848 (TTY/TDD 1-800-743-3333)。



# 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.

