



MEMBER Quick Reference Guide

Effective January 1, 2018

MHS Rewards You! Start earning CentAccount Healthy Rewards today. Use rewards to buy groceries, paper goods, 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, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.



BENEFITS FOR HEALTHY INDIANA PLAN (HIP) MEMBERS

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

	HIP PLUS	HIP BASIC	HIP STATE PLAN	HIP MATERNITY
Authorized therapies – physical, speech, occupational, respiratory	Covered	Covered	Covered	Covered
Bariatric surgery	Covered	No	Covered	Covered
Case Management	Covered	Covered	Covered	Covered
Continued care after hospital stays (post-stabilization)	Covered	Covered	Covered	Covered
Cosmetic procedures	No	No	No	No
Developmental delay evaluation & treatment	No	No	No	No
Diabetes strips, blood sugar monitoring	Covered	Covered	Covered	Covered
Doctor visits (services from your PMP/family doctor)	Covered	Covered	Covered	Covered
Free ride services to doctor visits, pharmacy, emergency care, and Medicaid re-enrollment	Covered	Covered	Covered	Covered
Emergency transportation	Covered	Covered	Covered	Covered
Hearing aids (every 5 years)	Covered	Covered	Covered	Covered
Home healthcare	Covered	Covered	Covered	Covered
Hospice	Covered	Covered	Covered	Covered
Hospital stays	Covered	Covered	Covered	Covered
Labs/X-rays	Covered	Covered	Covered	Covered
Maternity care (during and after pregnancy) - Call MHS right away if you become pregnant	Covered	Covered	Covered	Covered
Medical supplies/equipment	Covered	Covered	Covered	Covered
New or experimental services or alternative therapies	No	No	No	No
Orthotics – leg braces; orthopedic shoes; prosthetics	Covered	Covered	Covered	Covered
Prescriptions	Covered	Covered	Covered	Covered
Referrals to specialists	Covered	Covered	Covered	Covered
Surgeries (outpatient)	Covered	Covered	Covered	Covered
Tests to find if you have a health condition (diagnostics)	Covered	Covered	Covered	Covered
TMJ – Temporomandibular Joint Disorder	Covered	No	Covered	Covered
Treatment for learning disability, problem solving or memory issues	No	No	No	No
Well check-ups (Early Periodic Screening, Diagnosis & Treatment)	Covered (ages 19 & 20 only)			

The following are self-referral services. 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	Covered
Behavioral healthcare/Psychiatric services	Covered	Covered	Covered	Covered
Chiropractic care (6 spinal manipulation visits per person per benefit year)	Covered	No	Covered	Covered
Emergency room - Co-pay may apply	Covered	Covered	Covered	Covered
Shots (immunizations)	Covered	Covered	Covered	Covered
Sexually transmitted infection (STD) treatment	Covered	Covered	Covered	Covered
Treatment for alcohol/drug abuse	Covered	Covered	Covered	Covered
Women's care (pap test, chlamydia test, mammogram)	Covered	Covered	Covered	Covered
Vision Care - check-ups, glasses, contacts	Covered	Covered (ages 19 & 20 only)	Covered	Covered
Dental care	Covered	Covered (ages 19 & 20 only)	Covered	Covered
Podiatric services (foot care) - with restrictions	Covered	Covered	Covered	Covered
Urgent care services	Covered	Covered	Covered	Covered
Psychiatric services	Covered	Covered	Covered	Covered

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 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	Every 6 months for HIP Plus	Every 6 months for HIP Plus
Diabetes (Type 2) Screening Talk with your doctor about what services you might need each year in addition to HgbA1c, 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

COST SHARING, CONTRIBUTIONS AND 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. **HIP Plus** members have cost sharing through an affordable monthly payment called a POWER Account Contribution. HIP Basic members have cost sharing through copayments. Copays will be collected from all eligible HIP members EXCEPT for those exempt from cost sharing (pregnancy, American Indian/Alaskan Native).

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 within a quarter, your cost sharing will be reduced or stopped. **HIP Basic** members will not have to pay a copay for the rest of the quarter. **HIP Plus** members will have a reduced PAC of \$1 per month 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 within a quarter, your cost share will change. **HIP Basic** members will not have to pay for the rest of the quarter. **HIP Plus** members will have a reduced PAC for the rest of the quarter. **Remember, your costs are looked at each quarter. Even if your cost sharing is stopped or reduced in one quarter, you may need to begin cost sharing again in the next quarter.**

HIP POWER Account Contributions (HIP Plus members)

HIP Plus members pay an affordable monthly contribution, based on their income. The following table shows these amounts. If you are eligible for HIP and you are a tobacco user, you may have an increased POWER Account contribution in your second year of coverage. 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. Did you know you can pay your monthly POWER Account contribution with CentAccount rewards? Plus, if you have unused CentAccount rewards that are about to expire, MHS will apply them to your POWER Account contribution so you don't lose them. Visit mhsindiana.com to find out how to earn rewards today.

TIER	Monthly PAC Single Individual	Monthly PAC Spouses	PAC with Tobacco Surcharge	Spouse PAC when one has Tobacco Surcharge	Spouse PAC when both have Tobacco Surcharge (each)
1	\$1	\$1	\$1.50	\$1 & \$1.50	\$1.50
2	\$5	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
3	\$10	\$5	\$15	\$5 & \$7.50	\$7.50
4	\$15	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
5	\$20	\$10	\$30	\$10 & \$15	\$15

HIP Plus is the HIP plan for the best value. HIP Plus members get dental, vision and chiropractic benefits, and no copays! HIP Plus members have a low, predictable monthly payment.



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

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
Any Non-Emergency ER Visit	\$8

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

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.

VISION AND DENTAL SERVICES

Vision and Dental Care are self-referral services.

	HIP PLUS	HIP BASIC	HIP STATE PLAN	HIP MATERNITY
Vision Care - check-ups, glasses, contacts	Covered	Covered (ages 19 & 20 only)	Covered	Covered
Dental Care	Covered	Covered (ages 19 & 20 only)	Covered	Covered

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 may opt out of the standard eyewear benefit and receive \$75 toward contact lenses and lens fitting.

DENTAL - COVERED ROUTINE CARE

- Evaluations and cleanings (2 per person per benefit year)
- Bitewing x-rays (4 x-rays per person per benefit year)
- Comprehensive x-rays (1 complete set every 5 years)
- Minor restorative services, such as fillings (4 per person per benefit year)
- Major restorative services, such as crowns (1 per person per benefit year)

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, vision and chiropractic 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 buy groceries, baby items and paper goods. Get your first reward today as a new member by completing your Health Needs Screening. Visit mhsindiana.com/screening to find out how you can complete it today!

 **Want help understanding your benefits?** Call MHS MemberConnections. This outreach team can give in-person or over the phone help. They will help you build a relationship with your doctor, understand your health benefits, and put you in touch with community resources.

 **Want to quit smoking?** 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?** HIP members can get FREE, unlimited rides to and from scheduled doctor visits, to fill prescriptions after a doctor visit, to certain MHS member events, or to re-enroll in HIP. 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 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 HIP 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，請撥電話 1-877-647-4848 (TTY/TDD 1-800-743-3333)。



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.

