

Thank you for helping connect Hoosiers in need with health coverage. You serve a vital role in helping potential Medicaid members understand the programs and services available, and walking them through what can be an intimidating process. We appreciate your assistance in making the application process as easy as possible for all involved.



Low-income adults
aged 19-64



Children up to age 19
and some pregnant women



Aged 65 and over,
blind or disabled

CHECKING MEMBER MCE HISTORY

Please note that, **members are required to remain with the same Managed Care Entity (MCE) for an entire calendar year** – even if they leave Medicaid and reapply. Please check every applicant's history of MCE assignment to avoid future confusion. The State will reassign members to the previous MCE regardless of the applicant's choice indicated on the application.

Check the **Provider Healthcare Portal** to view a member's history, and contact the Enrollment Broker (Maximus) or MCE for any questions.

THIRD PARTY PAYMENTS ON A MEMBER'S BEHALF (HIP ONLY)

If a third party is making an initial POWER Account Contribution (PAC) payment, make sure the applicant understands it is an initial payment only. Please help applicants understand their monthly obligation to pay a PAC to the MCE. Many applicants are confused about when and to whom payments should be made. You can help a lot by explaining this process during your interaction. **The applicant must know they will be responsible for paying the monthly PAC.**

FAST TRACK (HIP ONLY)

The Fast Track payment option allows the applicant, once approved for benefits, to have their HIP Plus coverage start the first day of the month in which the payment is made. The Fast Track option does not expedite application processing. If the application is not approved, the Fast Track payment will be refunded to the person or organization who made the payment.

COPAYS VS. COST SHARING (HIP ONLY)

Please help applicants understand the difference between copayments and cost sharing. Please emphasize that to avoid copayments at the time of service the applicant must POWER Up to HIP Plus and make a PAC payment every month. **Be sure HIP Plus members know that they will NOT have copays, but they WILL have cost sharing in the form of the monthly PAC payment.** Note: Non-emergency ER visits are the exception.

WHEN DOES COVERAGE START? (HIP ONLY)

Members have 60 days to make a payment, but their coverage does not start until payment is made. Please help the applicant understand he or she will be responsible for paying any provider bills received until their coverage has started.

HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) (HIP ONLY)

Effective January 1, 2019, individuals determined presumptively eligible for Indiana Health Coverage Programs (IHCP) under the Presumptive Eligibility – Adult (PE Adult) benefit plan will be served through the fee-for service (FFS) delivery system rather than through an MCE. Please direct any questions about PE members to FSSA.

MEMBER'S NEXT STEPS

It's important that the member leaves with a clear understanding of what happens next. You can use the *Next Steps* flyer to help the member know what to expect.

PAYMENT OR ELIGIBILITY QUESTIONS

Contact MHS Member Services at 1-877-647-4848.