

# Who is MHS?

*An overview of what we do and who we serve*





# Agenda

- I. Medicaid Overview
- II. Hoosier Healthwise Overview
- III. Healthy Indiana Plan Overview
- IV. Hoosier Care Connect Overview
- V. Ambetter from MHS Overview
- VI. Allwell from MHS Overview
- VII. MHS Educational Programs & Services
- VIII. Working Together



# Who is MHS?

*Managed Health Services (MHS) is a health coverage provider that has been proudly serving Indiana residents for more than twenty years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS, as well as a Medicare Advantage health plan called Allwell from MHS.*


*All of our plans include quality, comprehensive coverage with a provider network you can trust.*

*MHS is your choice for better healthcare.*



# Indiana Medicaid

Services are provided to members through delivery care systems:

 **Traditional Medicaid** (“Fee-for-Service”) *Provides coverage for healthcare services rendered to the following eligibility groups:*

- Persons in long-term care facilities and other institutions, such as an intermediate care facility for individuals with intellectual disability (ICF/IID)
- Immigrants who do not have documentation or unable to verify immigration status
- Persons receiving waiver or hospice services
- Persons with both Medicare and Medicaid (duals)
- Persons with spend-down or waiver liability
- Persons with breast and cervical cancer
- Refugees who do not qualify for any other aid category
- Wards of the State
- Foster children

**The benefit packages associated with Traditional Medicaid are as follows:**

- Standard plan
- Medicare Savings Program – QMB (Qualified Medicare Beneficiary), SLMB (Specified Low-Income Beneficiary), QI (Qualified Individual), or QDWI (Qualified Disabled Working Individual) – with and without a spend-down
- Waiver
- Emergency services only
- Family planning services only

\*Note: Family planning is for individuals over 138% but less than 146% FPL

 **Risk-Based Managed Care - Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP) and Hoosier Care Connect.**

*MHS is a Managed Care Entity (MCE) who covers Risk-Based Managed Care programs*



# Hoosier Healthwise Overview





# What is Hoosier Healthwise?

Hoosier Healthwise (HHW) is the State of Indiana's health care program for children, pregnant women, and families with low income. Based on family income, children up to age 19 may be eligible for coverage. HHW covers medical care like doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family.

**Goals:** To provide healthcare to children and families and to help prevent health problems with early intervention and treatment.



# Who is Eligible for HHW?

Hoosier Healthwise covers many different types of people:

 Children up to age 19

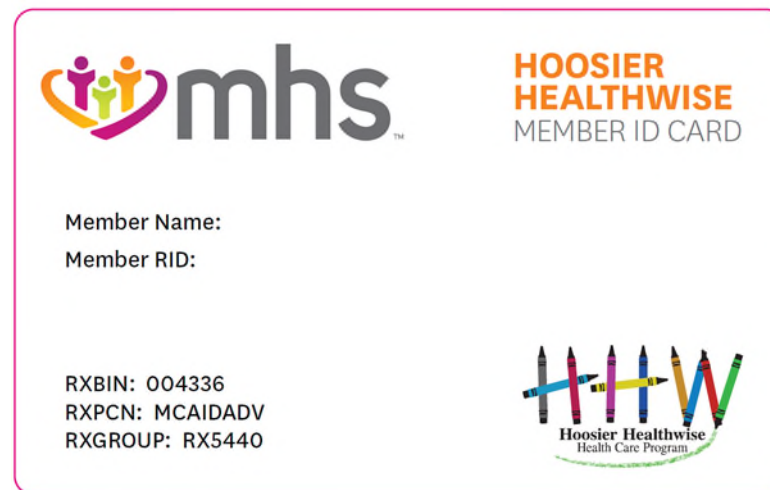
 Pregnant women

 Low income parents/caretakers of children under the age of 18

The Children's Health Insurance Plan (CHIP), for individuals up to age 19, falls under the Hoosier Healthwise Package C program. In CHIP, your child may be covered by paying a low-cost monthly premium. This option is available to members who may earn too much money to qualify for the standard Hoosier Healthwise coverage.



# Hoosier Healthwise Member ID Card





# Healthy Indiana Plan (HIP) Overview





# What is the Healthy Indiana Plan?

The Healthy Indiana Plan is an affordable health insurance program from the State of Indiana for uninsured adult Hoosiers. The Healthy Indiana Plan pays for medical expenses and provides incentives for members to be more health conscious. The Healthy Indiana Plan provides coverage for qualified low-income Hoosiers ages 19 to 64, who are interested in participating in a low-cost, consumer-driven health care program. Hoosiers with incomes of up to \$16,297 annually for an individual, \$21,967 for a couple or \$33,307 for a family of four are generally eligible to participate in the Healthy Indiana Plan.

The Healthy Indiana Plan uses a proven, consumer-driven approach that was pioneered in Indiana.

# Who is Eligible for HIP?

 Indiana Residents\*






 Age 19-64\*

 Income under 138% Federal Poverty Level (FPL)

 Not eligible for Medicare or other Medicaid categories

 Family planning services (MA E)

# PAC Tier Payments

-  POWER Account contribution amounts changed effective January 2018
-  PAC amount will no longer be based on 2% of income (this is NOT related to 5% cost share)
-  Will be based on FPL
-  5 New Tiers
-  PAC amounts ranging from \$1 - \$20 per month

Tier	Monthly PAC Single Individual	Monthly PAC Spouses
1	\$1	\$1
2	\$5	\$2.50
3	\$10	\$5
4	\$15	\$7.50
5	\$20	\$10

# HIP Plan Options

**Best  
Value**

**HIP Plus**

- Initial plan selection for all members
- **Benefits:** Comprehensive, including vision, dental and chiropractic
- **Cost sharing:**
  - Must pay affordable monthly POWER Account contribution: Based on member income, ranging from \$1 to \$20 per month
  - No copayment for services\*

**HIP Basic**

- Fall-back option for members with household income less than or equal to 100% FPL only
- **Benefits:** Meet minimum coverage standards, **no vision, dental or chiropractic**
- **Cost sharing:**
  - May not pay one affordable monthly POWER Account contribution
  - Must pay copayment for doctor visits, hospital stays, and prescriptions

**HIP State  
Plan**

- Individuals who qualify for additional benefits
- **Benefits:** Comprehensive, with some additional benefits including vision, dental and chiropractic
- **Cost sharing:**
  - HIP Plus OR HIP Basic cost sharing

\*EXCEPTION: Using Emergency Room for routine medical care



# HIP Member ID Card



**HEALTHY  
INDIANA PLAN**  
MEMBER ID CARD

Member Name:

Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440





# Hoosier Care Connect Overview





# HCC Overview

Hoosier Care Connect is a new coordinated care program for Indiana Health Coverage Programs (IHCP) members age 65 and over, or with blindness or a disability who are residing in the community and are not eligible for Medicare.

Members will select a managed care entity (MCE) responsible for coordinating care in partnership with their medical provider(s). Hoosier Care Connect members will receive all Medicaid-covered benefits in addition to care coordination services. Care coordination services will be individualized based on a member's assessed level of need determined through a health screening.



# Who's Eligible for Hoosier Care Connect?

## Which populations are included in Hoosier Care Connect?

- Aged (65+)
- Blind
- Disabled
- Individuals receiving Supplemental Security Income (SSI)
- M.E.D. Works enrollees
- Children who are wards of the State, receiving adoption assistance, foster children and former foster children may also voluntarily enroll in the program



# Hoosier Care Connect Member ID Card



**HOOSIER CARE  
CONNECT**  
MEMBER ID CARD

Member Name:

Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440





# MHS Overview





# **MHS Educational Programs & Services**

MHS offers special health incentives and programs that are required by Medicaid and enhanced programs that we make available to our members.

We also offer several programs designed to improve the health of our members through education and personal assistance by our professional staff.



# Earn Rewards with Preventive Care.

## MHS CentAccount® Healthy Rewards Program

MHS will reward members' healthy choices through our CentAccount Healthy Rewards program. Members can earn dollar rewards by staying up to date on preventive care. These rewards will be added to a CentAccount card that can be used to buy things like healthy groceries, baby items and clothing as well as over-the-counter drugs. Members can use their CentAccount card at a select number of retailers including Meijer, RiteAid, Dollar General, Family Dollar and Wal-Mart.

You can earn rewards by completing the following healthy activities:

**\$30**

for completing the health needs screening within 30 days of becoming a member  
Call 1-877-647-4848  
(TDD/TTY 1-800-743-3333)  
or go to MHSIndiana.com to complete the screening

**\$10**

for completing the health needs screening within 90 days of becoming a member  
Call the 1-877-647-4848  
(TDD/TTY 1-800-743-3333)  
or go to MHSIndiana.com to complete the screening

**\$20**

per annual well care visit with primary care doctor (age 16 months and up)

**\$10**

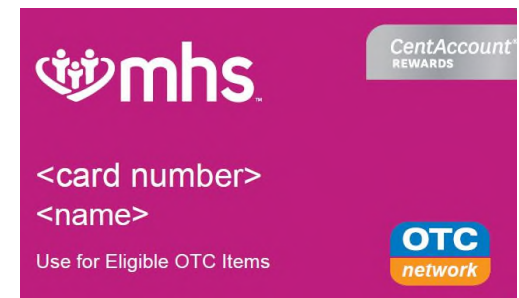
per infant well care visit with primary care doctor up to 15 months old (\$60 max.) (These visits are recommended before 30 days old, and at 2, 4, 6, 9, 12 and 15 months old)

**\$15**

for every 3 prenatal visits\* (\$45 max.)

**\$15**

for postpartum doctor visit\* (must be completed 21-56 days after delivery)





# Language Assistance

Language assistance is available 24 hours a day, seven days a week, including holidays and weekends in more than 150 languages.

Doctor offices must provide language assistance; however, if the office is unable to assist, MHS can help.

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



# MHS Website

## Find useful information and tools to help manage your healthcare



### Health Needs Screening

When you take your health needs screening within 30 days of joining MHS, you get a \$30 CentAccount healthy rewards card. Or take it within 90 days of joining MHS, and get a \$10 CentAccount reward!



### Your Benefits

Visit the “Your Benefits” pages regularly for member updates and when you want to read our member guides, like the member handbook, brochures and how-to guides. You can also find copies of member forms, member newsletters and information about special MHS programs and services.



### Find-a-Provider

Find MHS in-plan doctors, specialists, hospitals and other facilities using this quick and easy online search.



### Events Calendar

Find out when we'll be in your city on our calendar of community events hosted across Indiana.



### Health Library

Our health library will help you find answers to your health questions. This resource has more than 4,000 health information sheets on a variety of health topics to help you care for yourself and your family.



### Contact Us

Send MHS Member Services a message. We will respond by phone within one business day.



### MHS Secure Member Portal




Create an account on our MHS Secure Member Portal, and access tools that help you manage your healthcare faster and easier

- View your summary of benefits, find EOB, find/change your doctor, see quality reports, view your claims, communicate with Member Services, view your individualized care plan, check your CentAccount balance and more!

# Transportation

MHS HHW and HIP Members can get UNLIMITED free rides. Hoosier Care Connect Members must pay a small copay.

Rides will take members to and from:

-  Doctor visits
-  Medicaid enrollment visits
-  Pharmacy visits (after a doctor's visit)

Members need to call MHS Member Services at 1-877-647-4848 to schedule their ride at least three days before their appointment.





# **MHS MemberConnections®**

This is an outreach team of MHS staff who can help members one-on-one with understanding their health coverage and other community resources.

MemberConnections can provide in-person or telephonic help. They will help build a relationship with your doctor, and help you understand your health benefits and put you in touch with community resources. If you are in need of transportation, food, shelter, or other health programs, MemberConnections can help.

To find your MemberConnections Representative, please call 1-877-647-4848 and ask for the Rep for your area.



# MHS Family Education Network

MHS and the Indiana Minority Health Coalition have teamed up to create the MHS Family Education Network.

The network provides free face-to-face and telephonic benefit education to MHS members on a variety of topics. The network representatives can help explain Hoosier Healthwise & Healthy Indiana Plan coverage as well as an overview of MHS programs and special services available to you.

Maximize your Health - a financial literacy program - is also offered to HIP members through this program.

Call MHS Member Services to schedule a free referral at 1-877-647-4848.





# MHS Education Network

MHS has partnered with accessABILITY Center for Independent Living Inc., to serve Hoosier Care Connect members in Marion County with the MHS Education Network.

The Network will work to provide in-person specialized education to Hoosier Care Connect members on a variety of topics, such as the scope of health plan benefits, how to access care, and our member's rights and responsibilities.

We use methods that are clear, concise and accurate and reflect the cultural, language and other special needs of our specific populations.





Call MHS Member Services for more information or a free referral to the MHS Education Network at 1-877-647-4848.





# MHS Ombudsman Program

An ombudsman is someone who works to help you get a problem solved. Members can contact an ombudsman for free to discuss any problems with:

-  MHS
-  MHS services
-  MHS doctors
-  Other parts of your healthcare

The ombudsman is neutral and does not side with MHS or the Medicaid program. The ombudsman will work with members to get their problem solved.

If you want the assistance of an ombudsman, please call them directly at 1-877-647-5326.



# **Reliable Cell Phone Programs**

It is important that MHS members can reach their doctors, care managers and FSSA. That is why MHS offers two programs that provide access to free cell phones called ConnectionsPlus and Safelink.

Qualifying members receive 250 free monthly cell minutes as well as unlimited texting with both programs.

Call MHS Member Services to learn more at 1-877-647-4848.



# **MHS Member Advisory Council**

Every three months, MHS invites our members to meet face-to-face to share their opinions with us.

During these meetings, the members and MHS talk about the care MHS provides, including how members feel about MHS and their doctors.

Members also look at our materials and website, and tell us what they think about our communication. MHS uses this information to make program changes based on our members' needs.



# **MHS 24/7 Nurse Advice Line**

The MHS Nurse Advice Line is available 24 hours a day, seven days a week to answer members' health questions.

The Nurse Advice line staff is bilingual in English and Spanish.



# MHS Care Coordinator

All MHS members enrolled in Hoosier Care Connect will be matched with a MHS Care Coordinator. This Care Coordinator will work with the member to identify potential barriers or issues related to their health care needs, as well as address goals, objectives and interventions to meeting the needs of the individual.






















# Specialized Health Programs

MHS has several programs designed to help improve the health of its members through education and personal assistance by our staff including:









-  Pregnancy
-  Diabetes
-  Asthma
-  COPD
-  Coronary Artery Disease
-  Chronic Kidney Disease
-  Congestive Heart Failure
-  Lead
-  Behavioral Health
-  Depression
-  Hypertension
-  ADHD
-  Autism & Autism Spectrum Disorders
-  Children with Special Needs Unit
-  Special Healthcare Needs



# MHS Start Smart for Your Baby & Special Deliveries

MHS offers two educational care management programs for MHS members who are pregnant called Start Smart for Your Baby and MHS Special Deliveries. These programs are designed to match a pregnant member with an OB Nurse Care Manager, who can help the member receive proper care throughout her pregnancy as well as after she delivers.

MHS OB Nurses can:

-  Help you understand what is happening to your body during the pregnancy
-  Talk about problems that may come up during your pregnancy
-  Talk about what to do if you have complications during your pregnancy
-  Help you make doctor appointments or schedule a free ride to the doctor's office
-  Help you get a free cell phone if you need one. You can use this phone to reach your doctor, family and other important people while you are pregnant.
-  Help you quit smoking or using tobacco
-  Help you find more ways to earn CentAccount© rewards by going to your OB doctor visits
-  Answer any other questions about your health and the health of your baby

*\*By participating in either program, members will be eligible to earn more CentAccount rewards.*



# First Year of Life

This Care Management program is designed to encourage education and compliance with immunizations (shots) and well visits for babies.

The First Year of Life program matches a member with a Nurse Care Manager who can answer questions and provide helpful information sheets to let a member know what to expect as her baby grows.

Care Managers will also call members and send reminders to schedule upcoming immunizations and well-child visits with the baby's doctor as they are needed.








*\*By participating in the program, members will be eligible to earn more CentAccount rewards*



# Children with Special Needs Unit

Designed to support coordination of care for children with chronic conditions, children enrolled in the program receive care management services by a dedicated team of MHS doctors, nurses, social workers and care coordinators, specializing in the healthcare needs of children.

This includes conditions such as:




-  Cerebral palsy
-  Cystic fibrosis
-  Developmental disabilities
-  Autism
-  Traumatic brain injuries
-  Congenital syndromes with significant developmental delays
-  Other special healthcare needs








# MHS Member Baby Shower

Education is key to healthy pregnancies. MHS has created a fun and informative event to encourage healthy behaviors for our members who are pregnant or recently delivered.

## What is an MHS Baby Shower?

-  MHS Baby Showers are typically 2-3 hour events held at a provider office or community center.
-  MHS members that are expecting or have recently delivered a baby within the past 3 months and live in the general area of the event are invited to come get “showered.”
-  We want our moms to feel special because they are!

## At the Shower

-  Members enjoy lunch that includes deli sandwiches, non-caffeinated drinks, cake, fresh fruits and vegetables.
-  We will stress the importance of scheduling and keeping all prenatal and post-partum care appointments, as well as the first year of life immunization schedule. We provide an educational overview of MHS’ programs and services that relate specifically to pregnant women and babies. This will include information on:
  - OB Case Management services
  - Behavioral health services
  - Member Benefits like CentAccount, transportation, Nurse Advice Line and the Health Library
-  The members will learn a lot from our community and clinical partners that present at the shower. Topics such as prenatal and post partum care, well-child visits, safe sleep, car seat safety, breastfeeding and more will be discussed.
-  Members can take part in fun, interactive games and win a baby health or safety kit.
-  Every member will leave with a gift bag full of goodies, including a pack of diapers for their little one!



# MHS Healthy Celebrations

**MHS Healthy Celebrations** events focus on non-compliant members. MHS partners with a PMP office to schedule a specific day and time (4 hour minimum) for non-compliant MHS members on the PMP's panel to visit the office and receive specialty visits and screenings for Children's Health: EPSDT/well-child (lead screen age appropriate) and Women's Health: Mammography & Chlamydia.

After the doctor visit, screening or immunizations have occurred, MHS will provide a member benefit overview. Each member will also receive a goody bag full of MHS and educational materials and health related giveaways. Then the family can enjoy games, prizes, healthy snacks and refreshments before they leave the doctor's office.



# Ambetter from MHS Overview





# What is Ambetter from MHS?

MHS now serves Indiana residents with a qualified health plan issuer in the Indiana Health Insurance Marketplace, Ambetter from MHS. Ambetter offers comprehensive medical care to fit individual health needs with a specific budget. The Ambetter plans offer a variety of programs, educational tools and support.







# What is the Health Insurance Marketplace?

The Health Insurance Marketplace is an online shopping mall of healthcare plans.

Each state has its own Marketplace. Only Government approved health plans will be available on the Marketplace.

There are four steps to buying a plan on the Health Insurance Marketplace:

1

## Enter Your Information

Enter some basic facts about yourself, like your income and your family size. You can either complete this step online or through the mail. This will tell you what type of plan you're eligible for, and whether or not you can get a subsidy. (The amount of money the government pays to help pay your premium.)

2

## Compare Plans

Take your time to pick the plan that works best for you and your family.

3

## Choose Your Plan

Choose and enroll in your Ambetter healthcare plan.

4

## Start Coverage

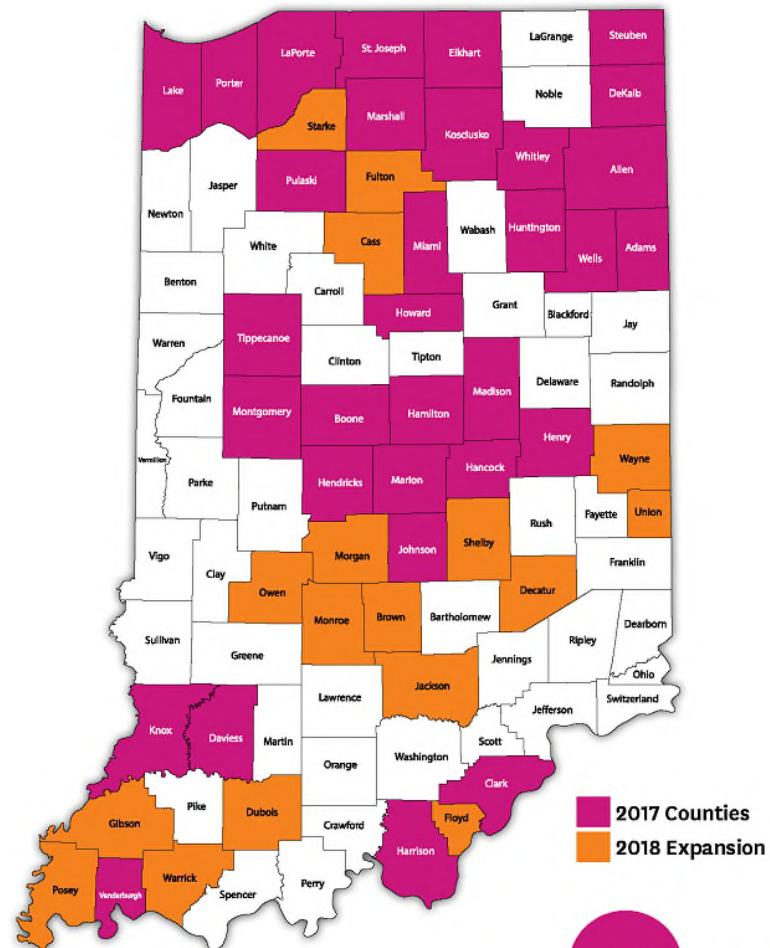
After you enroll, you will receive a welcome packet and an ID card from your new health plan.

# Who Needs Insurance?

- Essentially... every American needs to be covered
  - Exceptions for certain religious groups and people with extreme financial situations, i.e., members of federally-recognized American Indian and Alaskan Native tribes
- Criteria for accessing insurance through the marketplace
  - Must live in the U.S.
  - Be a U.S. citizen or national, or
  - Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought
  - Cannot be currently incarcerated

Source: [healthcare.gov](http://healthcare.gov)

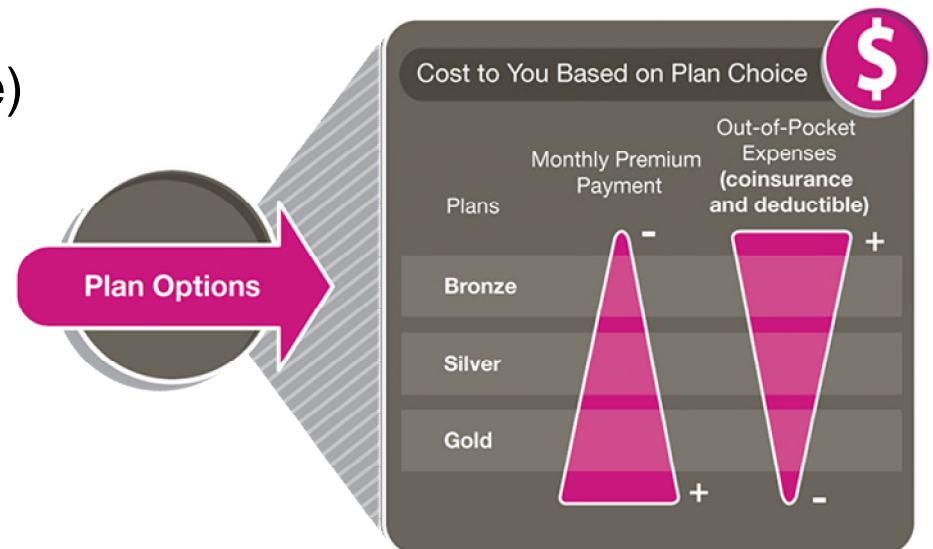
## Covered Counties





# Ambetter from MHS Plan Offerings

- Check our site [ambetter.mhsindiana.com](http://ambetter.mhsindiana.com) for specific plan information
- Call 1-877-987-1182 to speak with Ambetter from MHS representatives
- Ambetter Essential Care (Bronze)
- Ambetter Balanced Care (Silver)
- Ambetter Secure Care (Gold)



# Plan Overview



**Comprehensive Medical Care**  
Complete medical care that covers  
all of your Essential Health Benefits.



**24/7 Nurse Advice Line**  
Call and talk to a medical  
professional about  
your immediate health  
needs – at any time.



**Member Incentive  
Program**  
Earn reward dollars just  
by staying proactive about  
your health.



**Prescription  
Coverage**  
Get coverage for your  
medical prescriptions.



**Integrated Care  
Management**  
Get well and stay well with  
preventive care and whole  
health services.














**Optional  
Dental Coverage**  
Coverage for services  
such as teeth cleanings,  
screenings and exams.



**Optional  
Vision Coverage**  
Coverage for services  
such as eye exams and  
prescription eyewear.



# Ambetter from MHS Highlights

-  Diverse product portfolio for every type of customer
-  Comprehensive medical plans that use our select network
-  Streamlined plan offerings from 2015 enhancing the shopping experience
-  Annual wellness visits, screenings and immunizations are covered
-  Well-woman visit with OB-GYN covered on all plans
-  Members choose the doctor they want; no referrals for a specialist
-  My Health Pays™ reward program that can help pay monthly premiums and deductibles
-  Gym reimbursement & membership discounts
-  24/7 Free Nurse Advice Line
-  Free Sick Visits with certain plans
-  Optional adult vision and adult dental available on some plans











# Rewards Program






Members can earn up to \$365 through our unique incentive program.

## Here's how it works:

-  Complete the Welcome Survey in first 90 days of coverage **(\$50)**
-  Get an annual wellness exam **(\$50)**
-  Get an annual flu shot in the fall **(\$25)**
-  Up to \$20 / month on their My Health Pays card when they visit a gym of their choice at least eight times a month. **(\$240)**
-  Card must be activated online and benefits begin with the plan effective date
-  Cards are mailed to the member automatically when the first reward is earned



# Rewards Program

-  Members earn reward dollars for healthy behaviors such as getting an annual physical and flu shot
-  Members should use an In-Network provider
-  Balances expire and cards are closed after the member leaves the plan
-  Reward dollars can be used to pay premiums, deductibles and copays
-  All earned rewards are loaded onto the My Health Pays™ card automatically and cards arrive about 2 weeks from the time the wellness visit claim is paid or other first activity is completed






# Member ID Card

Your member ID card is proof that you have health insurance with us. It may seem small, but it's very important.

Here are some things to keep in mind:

- Keep this card with you at all times
- You will need to present this card anytime you receive healthcare services

		<b>IN NETWORK COVERAGE ONLY</b>	
Subscriber:	[Jane Doe]	Effective Date of Coverage:	[XX/XX/XX]
Member:	[John Doe]	RXBIN:	004336
Policy #:	[XXXXXXXXXX]	RXPCN:	ADV
Member ID #:	[XXXXXXXXXXXXXX]	RXGROUP:	RX5453
Plan:	[Ambetter Balanced Care 1]		
<b>COPAYS</b> PCP: \$10 coin. after ded. Specialist: \$25 coin. after ded. Rx (Generic/Brand): \$5/\$25 after Rx ded. Urgent Care: 20% coin. after ded. ER: \$250 copay after ded.		<b>Deductible (Med/Rx):</b> [\$250/\$500] <b>Coinurance (Med/Rx):</b> [50%/30%]	

Front

<b>Ambetter.mhsindiana.com</b>	
<b>Member/Provider Services:</b> 1-877-687-1182 TDD/TTY: 1-800-743-3333 24/7 Nurse Line: 1-877-687-1182	<b>Medical Claims:</b> Managed Health Services Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
<b>Numbers below for providers:</b> Pharmacy Help Desk: 1-855-339-4810 EDI Payor ID: 68069 EDI Help Desk: Ambetter.mhsindiana.com	
<small>Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.mhsindiana.com.</small>	
<small>AMB15-IN-C-00032</small>	<small>©2015 Celtic Insurance Company. All rights reserved.</small>

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# Allwell from MHS Overview





# The Must-Knows of Medicare

Original Medicare coverage basics:

 Part A, Part B, Part D, and a Supplement, such as an employee retiree plan, a military retiree plan or an individual Medigap plan.

 **Allwell from MHS is Medicare Advantage!**

 Medicare Advantage a/k/a Medicare Part C replaces Part A and B and can include Part D

\*No supplement or gap policies can be used with an advantage plan

# Medicare Components

**PART A**



**Covers hospital  
services**

**PART B**



**Covers  
doctor visits  
& ER care**

**PART C**






**Medicare  
Advantage Plan**

**PART D**







**Covers  
Prescription  
Drugs**

# Who is Eligible for Medicare?


-  65 years of age and older
-  Under age 65 and are disabled
  - mandatory 24-month waiting period waived for Lou Gehrig's disease (ALS-amyotrophic lateral sclerosis)
-  Person of any age with End-Stage Renal Disease


# Plan Overview

-  PPO & HMO network
-  \$0 Monthly Premium
-  \$0 Deductible for Medical Services
-  Available in 7 Counties

## HMO vs. PPO

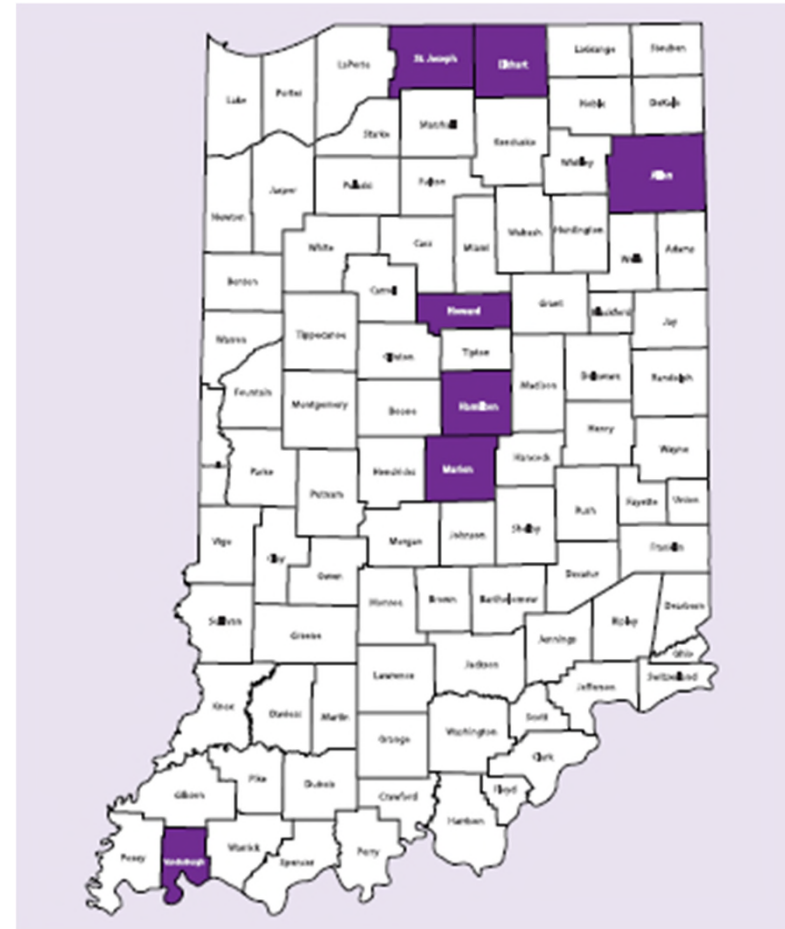
Members can select an HMO or a PPO Medicare Advantage Plan.

 **HMO Plan** - Members must use in network providers and hospitals; however will have access to out of network due to emergency only.

 **PPO Plan** - Members can use in network or out of network providers giving more flexibility in choosing providers. Members pay less if services are provided from an in network provider.



# Allwell Provider Network



- **Hamilton**
  - \* IU
  - \* Community Hospitals of Indiana
- **Howard**
  - \* Community Hospitals of Indiana
- **Marion**
  - \* IU
  - \* Community Hospitals of Indiana
- **Vanderburgh**
  - \* Deaconess
- **Allen**
  - \* Lutheran, St. Joseph (Ft Wayne)
  - \* Dupont Hospitals
- **Elkhart**
  - \* Beacon Health System
- **St. Joseph**
  - \* Beacon Health System





# Member ID Cards

		<b>HMO</b> CMS#: XXXXX-XXX Effective: <mm/dd/yyyy>
<b>MEMBER INFORMATION</b> Name: <First Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>	<b>PHARMACY INFORMATION</b>  Prescription Drug Coverage	
<b>PROVIDER INFORMATION</b> PCP Name: < > PCP Phone: < >	<b>RX Claims Processor:</b> <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8910>	

		<b>PPO</b> CMS#: XXXXX-XXX Effective: <mm/dd/yyyy>
<b>MEMBER INFORMATION</b> Name: <First Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>	<b>PHARMACY INFORMATION</b>  Prescription Drug Coverage	
<b>PROVIDER INFORMATION</b> PCP Name: < > PCP Phone: < >	<b>RX Claims Processor:</b> <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8911>	



# **Working Together**



# Outreach & Education

MHS is always working to meet our members where they live. We are creating, supporting and sponsoring various events and activities to engage with the communities we serve. If you have an event you would like MHS to attend or support please send a email with the event information to [communications@mhsindiana.com](mailto:communications@mhsindiana.com).

MHS wants to provide you with tools and resources to educate your clients and communities on the insurance options available to them. We have developed order forms that you can fill out and we'll send you educational materials, at no charge.

-  Ambetter Order Form
-  Medicaid Products Order Form

# Community Outreach





# Contact Information

## MHS

550 N. Meridian Street, Suite 101, Indianapolis, IN 46204  
1-877-647-4848 • [mhsindiana.com](http://mhsindiana.com)

Today's Presenter  
Name, Title, Email, Phone

MHS Member Services are available Monday through Friday, 8 a.m. to 8 p.m. at  
1-877-647-4848

Nurse advice line is available 24/7 at 1-877-647-4848.

Ambetter representatives are available 7 days a week from 8 a.m. to 5 p.m. at  
1-877-687-1182

Hearing impaired members should call the Indiana Relay Service at 1-800-743-3333.  
This number can be used anywhere in Indiana

Our staff is bilingual in English and Spanish. Interpretation services are available for other languages.