Welcome to Your Hoosier Healthwise and HIP Health Plan

Member Handbook

Welcome to Your Hoosier Healthwise and HIP Health Plan
Welcome to MDwise!

We are happy you chose MDwise for your Hoosier Healthwise or Healthy Indiana Plan. With MDwise you have access to a statewide network of Indiana’s top doctors and hospitals.

Keep an eye out for mail and emails from MDwise. We will send you information about your health care and your benefits like MDwiseREWARDS.

Now that you’re a member, here are a few things to remember:

1. You can only choose and change your doctor by talking with MDwise. Call MDwise customer service right away and confirm your doctor.

2. Carry your MDwise member ID card with you at all times. Show your card every time you get health care.

3. Contact your doctor first for all medical care.

4. Only go to the emergency room for true medical emergencies. Call your doctor first if you aren’t sure.

5. Make sure MDwise always has your correct address and phone number. This will help us contact you about you and your family’s important health care information.

6. If you are a HIP Plus member and you fail to pay your affordable monthly POWER Account contribution, you will lose your best value coverage. This includes losing vision and dental services and no copays except for improper emergency room use. See page 21 for more information.

7. Check MDwise.org regularly for the most up-to-date handbook.
   The Hoosier Healthwise/HIP handbook is a Quick Link on the left side of the page.

You can call MDwise 24 hours a day, 7 days a week. If you get an automated message, please leave your name and number. Someone will return your call no later than the next business day.

Wishing you good health,
MDwise customer service

Get social!

You can find MDwise on Facebook, Twitter and Instagram @MDwiselnc.
If you need your member handbook and other MDwise information in other ways let us know. For example, if you need the information in another language, larger print, Braille or in audio format, call MDwise customer service at 1-800-356-1204.

Si desea obtener esta información en español, visite la página web MDwise.org/sphandbookhhw/ para miembros de Hoosier Healthwise o MDwise.org/sphandbookhip/ para miembros de HIP. O si desea recibir una copia impresa del manual, llame al servicio al cliente MDwise.
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Since 1994 MDwise has provided access to compassionate, high-quality, coordinated health care and education in communities across Indiana.

Manage Your Health Care with myMDwise!

myMDwise is available 24 hours a day, 7 days a week at MDwise.org. When you use myMDwise, you can:

- View your general eligibility information, including the name of your current doctor.
- Print or access your member ID card.
- Answer questions about your health (Health Needs Screening).
- View and redeem MDwise REWARDS.
- View your POWER Account balance (HIP members only).
- View your pharmacy claims.
- See if your claim qualifies as a preventive service (HIP members only).

To sign up for myMDwise, go to MDwise.org/myMDwise and click “Create New Account.” You will be guided through this process.

Don’t have Internet access? Call MDwise customer service.

Download the App

Manage your health care on the go with the myMDwise mobile app. Go to your phone’s app store. Then search for “MDwise” and download.
PREVENTIVE CARE FOR ADULTS AND CHILDREN

Get Check-Ups Regularly

It is important to get check-ups from your doctor on a regular schedule. This is true even if you feel healthy. There are many reasons to get preventive care check-ups. The information you learn will help you take charge of your health!

Check-ups will help you:
- Get immunizations (shots) that can help keep you or your child from getting sick.
- Check if your child is growing and developing at the right pace.
- Catch early warning signs before a disease or illness gets worse.
- Check vital statistics so your doctor can compare them when you or your child does get sick.
- Get advice on eating better, quitting smoking, dental care or other healthy living tips.

Preventive Care for Adults

Adults do not need as many check-ups as children. However, preventive care is still important to keep you healthy, especially as you get older.

Please remember that all preventive care you get is covered by MDwise. We encourage you to get all recommended preventive services. To learn about what preventive care you need and when, visit MDwise.org/preventive. For HIP members, this will not be taken out of your POWER Account. If you get preventive care every year and you have money left over in your POWER Account, part of that money will be rolled over to your POWER Account for next year. This could result in lower contribution payments.

If you are in HIP Basic or HIP State Plan Basic and DO NOT get the preventive care that you need, any money left over in your POWER Account at the end of the calendar year will not roll over to the next year.

If you are in HIP Plus or HIP State Plan Plus and you get any recommended preventive service every calendar year, you will be eligible to have your roll-over money doubled. This may result in much lower or no contributions due the next year. If you DO NOT get the preventive care you need, part of the money left in your POWER Account will be rolled over, but it will not be doubled.

Immunizations (shots)

Immunizations are shots that help the body fight disease. Children will receive immunizations (shots) during some check-ups based on their age. Children must have all the shots they need before they can start school. Below is a list of shots recommended for children, but always check with your child’s doctor on what shots he or she needs. If you would like to view more detailed information please visit MDwise.org/checkups to learn more. If you have concerns about the number of shots or other questions, talk to your doctor. Shots help your child and others stay healthy.

- Hep B = Hepatitis B
- RV = rotavirus
- DTaP = diphtheria, tetanus, pertussis
- Tdap = tetanus, diphtheria, pertussis booster
- Hib = Haemophilus influenzae type b
- IPV = inactivated polio
- PCV/PPSV = pneumococcal
- HPV = human papilloma vaccine
- VAR = varicella (chicken pox)
- Hep A = Hepatitis A
- MMR = measles, mumps, rubella
- Flu = influenza
- MCV4 = meningococcal

TIP: Regular check-ups help you and your doctor get to know each other. This will help your doctor understand your needs when you are sick. Regular visits will help you feel you can trust your doctor about your health.
## EPSDT PROGRAM

### Check-Ups for Children

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program for children and adolescents under the age of 21. The EPSDT program checks children to catch problems early. These check-ups help ensure your child is growing up healthy. If the doctor finds a problem, they will help your child get the care and services that they need. EPSDT services are a covered benefit for HIP members ages 19 and 20 and a covered benefit for all Hoosier Healthwise members under the age of 21.

Children should get check-ups regularly on or before the ages listed below:

<table>
<thead>
<tr>
<th>Age</th>
<th>EPSDT Services</th>
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<tbody>
<tr>
<td>3–5 days</td>
<td>• 3–5 days</td>
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<tr>
<td>1 month</td>
<td>• 1 month</td>
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<td>2 months</td>
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<td>4 months</td>
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<td>24 months</td>
<td>• 24 months</td>
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<tr>
<td>30 months</td>
<td>• 30 months</td>
</tr>
<tr>
<td>Every year starting at age 3 and older</td>
<td>• Every year starting at age 3 and older</td>
</tr>
</tbody>
</table>

EPSDT check-ups may include (based on child’s age and health needs):

- Medical history.
- Physical exam.
- Growth and development checks (social, personal, language and motor skills).
- Vision screens.
- Hearing screens.
- Dental screens.
- Nutrition assessment or screening.
- Lab tests including lead testing.
- Mental health and substance abuse.
- Immunizations (shots).
- Health education for parents.
- Referrals for diagnosis and/or treatment when needed.
- Vision screens.
- Hearing screens.
- Dental screens.
- Nutrition assessment or screening.
- Lab tests including lead testing.
- Mental health and substance abuse.
- Immunizations (shots).
- Health education for parents.
- Referrals for diagnosis and/or treatment when needed.

It is important for children to have a check-up at each recommended age even if they are healthy.

### LEAD TESTING

Lead poisoning is a common sickness you should know about. It can be very harmful to children and pregnant women.

Where does lead poisoning come from?

- Getting lead dust from old paint on hands or toys that get put in your child’s mouth.
- Breathing in lead dust from old paint.
- Eating chips of old paint or dirt that contain lead.
- Drinking water from pipes lined or soldered with lead.

What does lead poisoning do?

Lead in your child’s blood can be harmful. High levels can cause:

- Learning disabilities.
- Behavioral problems.
- Seizures.
- Coma.
- Death.

Talk to your doctor about lead testing. Children should get a blood lead test when they are 12 months old. They should be tested again when they are 24 months old. Children should be tested between ages three and six years if they were not ever tested before.

High lead levels in pregnant women can harm their unborn children. If you are pregnant, you should talk to your doctor about lead poisoning. It is important to determine if you should be tested for lead. High levels of lead in pregnant women can harm their unborn child.
Where to Get Care

GETTING MEDICAL SERVICES (YOUR DOCTOR AND HOSPITAL)

You or your child chose or were assigned to MDwise. Your or your child’s MDwise doctor is called a Primary Medical Provider (PMP). PMPs can be one of five types of doctors:
- Family Practice doctor.
- General Practice doctor.
- Internal Medicine doctor—for adults only.
- OB/GYN doctor—for women only.
- Pediatric doctor—for children only.

For information on changing your doctor, Hoosier Healthwise members see page 44-45. HIP members see page 28.

Some PMPs work with other trained health care professionals. These include:
- Nurse Practitioners.
- Physician Assistants.
- Medical Residents.

These providers can provide the health care services your doctor does. They can take medical histories, complete physicals, order lab tests and give you health education. If you would like to learn more about these providers, or would like to see one of these providers at your doctor’s office, please call MDwise customer service.

Your MDwise Doctor Will Handle All of Your Health Care

This includes:
- Giving check-ups and immunizations (shots).
- Giving routine care.
- Writing prescriptions.
- Referring you to specialists or other providers.
- Admitting you to the hospital.

TIP: New MDwise members should call to make an appointment with their doctor right away. Make an appointment with your new doctor in the first 60 days. You should make an appointment even if you are not sick. You can ask to have a physical exam and talk to your doctor about any other preventive care that you need. This is also a good way to get to know your new doctor so they can take better care of you—before an emergency happens!

Your DOCTOR FIRST

As a MDwise member, you must get most health care through your assigned doctor. This way, the doctor can organize all health care services. This helps you be as healthy as possible.

Always call your doctor when you need medical care. The doctor has someone who can help you 24 hours a day. If you get sick after hours, call your doctor’s regular office number. If you hear a message, listen for instructions on what to do.

Sometimes, the doctor may want you to get care from other providers. When this happens, the doctor will give you a written okay. This will let you go to another doctor or to a hospital or lab.

This written okay is called a referral. Your doctor will give you a referral to visit another MDwise doctor. If we do not have the doctor you need in the MDwise network, or the doctor you need is not within 60 miles of your home, then we will find you a doctor outside of MDwise who can help you. Please note that there are some specialty providers that may be within 90 miles of your home.

If you are a HIP member and want to get care from a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC), MDwise will help you find a center within your area, even if the center is not in the MDwise network.
You or your child may need to go to the hospital at some time. The doctor will set this up for you. You should not go to the hospital without your doctor’s okay. This is very important. Otherwise, MDwise may not cover your hospital care. If you have a true emergency, you do not have to call your or your child’s doctor. Just go to the nearest hospital for immediate care.

Choosing a Hospital
The doctor only treats patients at a certain hospital. You should only use the hospital that your doctor uses. Ask your doctor first! Examples of when you or your child should use your doctor’s hospital:

- When you are having a baby.
- When you have planned surgery.
- When your doctor wants to admit you for other reasons.

For HIP Members: If you call the MDwise NURSEon-call service before going to the emergency room, you may not have to pay a copay for the visit. You can reach the NURSEon-call 24 hours a day by calling MDwise customer service. Choose option #1 and then option #4.

TIP: Ask your doctor which hospital to use before you need it. Always use that hospital, unless it is a true emergency. Then, just go to the closest hospital right away.

TIP: Your doctor should be available 24 hours a day!

You should always be able to reach your doctor or your doctor’s after-hours number. It is okay to call, even late at night, if you have an emergency or urgent health care needs.

You get the best care when you go to your in-network MDwise doctor. Your doctor can organize all your health care services and knows you best. This means:

1. You will be healthier.
2. Your doctor will have your records.
3. Your doctor will know you and your family’s health history.
4. You will have less paperwork to fill out.

SPECIAL SITUATIONS

What Do I Do If There Is An Emergency?
You should call your doctor whenever you have questions or need care. This is the best way to help your doctor take care of you and your children. However, if it is an emergency, do not wait to call your doctor first!

Call 911 or go straight to the nearest hospital emergency room. You can read more about emergency care on pages 8–9.

What Do I Do When I Am Far From Home?
If you are far away from home, you should still call your doctor if you need care. They can help you get routine or urgent health care.

If you cannot afford the long distance call to your doctor, we can help. You can call MDwise free of charge. We will help you reach your doctor.
MAKING DOCTOR APPOINTMENTS

Call for an Appointment
You should always call before visiting the doctor's office. When you call, the doctor's staff will schedule a time for you or your child to see the doctor as soon as possible.

Before You Call
When you or your child need health care, call the doctor right away. When you call, you can also ask to talk to a nurse if you have medical questions.

Before you call, be sure that you:
• Have your MDwise member ID card handy.
• Are ready to explain what is wrong.
• Have a phone number where the doctor can call you later (this can be a family member or friend’s number if needed).
• Have a pen and paper ready to write down any instructions.

Schedule Your Appointment
Once you call your doctor, this is the longest you should have to wait to get an appointment:
• Within 1 month for a child’s first appointment.
• Within 1 day for urgent care (like a fever or earache).
• Within 3 days for non-urgent care (like ongoing knee pain).
• Within 3 months for an annual physical exam.
• Pregnant women can see a doctor quicker. In the first six months of pregnancy, you should not have to wait more than one month for an appointment.

It is very important to keep your doctor appointments. This helps your doctor take better care of you and your children.

Getting Ready for Your Doctor’s Appointment
Here are some tips for getting ready for your doctor appointment:
• Write down your questions.
• Write down a list of the medications you take or bring your medications with you.
• Never be afraid to ask questions. The doctor wants you to understand all your treatment decisions.
• If this is you or your child’s first appointment with a doctor, plan to arrive early. The doctor’s office may have paperwork for you to fill out before you see the doctor.
• Take your MDwise member ID card with you to your appointment.

In the Waiting Room
You will have the shortest wait in the waiting room if you make an appointment first. Your wait time should be under one hour. Sometimes it may take longer if your doctor has unplanned emergencies.
EMERGENCY CARE

No one likes to spend hours in an emergency room. You can avoid the ER by getting preventive care. This way, you or your child can get health care before the problem gets too bad.

Hoosier Healthwise Members

For Package A members, MDwise will cover emergency care 24 hours a day, 7 days a week. If you have a true emergency, go to the closest hospital or call 911 right away. Package C members will have to pay for ER visits if it is not a true emergency. If your child needs urgent care but it is not an emergency, you should call your child’s doctor instead of going to the ER.

Healthy Indiana Plan Members

Healthy Indiana Plan members may pay a copay when going to the emergency room for a condition or symptom that is not emergent. The copay amount may vary. The copay amounts are available on myMDwise. Don’t forget that your doctor is available to help you even after hours. You can also call the NURSEon-call line to get help deciding whether you should go to the emergency room. See page 50 for more information about NURSEon-call.

Three Kinds of Care

There are different kinds of health care: preventive care, urgent/sick care and emergency care.

This chart shows you what to do when you need each kind of care. If you have questions, always ask your doctor for advice.

<table>
<thead>
<tr>
<th>KIND OF CARE</th>
<th>WHAT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>• You should always call your regular doctor to make an appointment for preventive care.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>• Check-ups</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>• Annual exams</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>• Immunizations (shots)</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>• Prescriptions and refills</td>
</tr>
<tr>
<td>Urgent/Sick Care</td>
<td>• Call your doctor. The doctor will make you an appointment or give you other instructions.</td>
</tr>
<tr>
<td>Urgent/Sick Care</td>
<td>• You should not go to the emergency room for urgent care.</td>
</tr>
<tr>
<td>Urgent/Sick Care</td>
<td>• Even if it is late at night, your doctor always has someone who can talk to you and help.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>• Go to the nearest hospital or call 911. You do not have to call your doctor first in an emergency.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>• When you get to the hospital, or as soon as you are able:</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>&gt; Show them your MDwise member ID card.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>&gt; Tell them you are a MDwise member.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>&gt; Ask them to call your doctor within 24 hours.</td>
</tr>
<tr>
<td></td>
<td>• Poisoning</td>
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<td></td>
<td>• Severe head injury</td>
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<td></td>
<td>• Excessive bleeding</td>
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<td></td>
<td>• Convulsions</td>
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<td></td>
<td>• Serious burns</td>
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<tr>
<td></td>
<td>• Loss of consciousness</td>
</tr>
<tr>
<td></td>
<td>• Sudden severe chest pains</td>
</tr>
<tr>
<td></td>
<td>• Trouble breathing</td>
</tr>
</tbody>
</table>
When to Go to the Emergency Room

- You should not use the ER for anything but true emergencies.
- If you are not sure if it is an emergency, call your doctor for advice.
- Your doctor has someone who can help 24 hours a day, 7 days a week. If you hear a recorded message when you call, listen carefully for instructions. Have a pencil or pen and paper ready when you call.

Emergency Room Visits Are Covered

MDwise will cover emergency care 24 hours a day, 7 days a week. If you or your child has a true emergency, go to the closest hospital or call 911 right away. MDwise will cover your emergency care even if:

- You are far away from home.
- You cannot get to your doctor’s regular hospital.

Post-stabilization services in the emergency room are also covered. The emergency room doctor will stabilize the condition that you or your child went to the ER for. If the doctor decides that more testing or services are needed, they can contact MDwise to get approval for more tests or services. This happens only after you are stable and are no longer in immediate danger.

Out-of-Area Care

If you are far away from home, you can still get health care. Before getting care, you must call your doctor. You can also call MDwise customer service for help. If you have a true emergency, do not call first. Go straight to the nearest hospital.

After Hours Care

You can call your doctor’s regular office number even after hours. If you hear a message, listen for instructions on what to do.

Behavioral Health and Substance Abuse Services

Many people think behavioral health and substance abuse problems are rare. In fact, they are common. A mental illness or substance abuse problem can affect thoughts and behavior. It can make it hard to cope with normal life routines.

Covered Services

If you think you may have behavioral health or substance abuse problems, it is important to remember there is help. MDwise covers behavioral health and substance abuse services for our members.

MDwise members can choose a behavioral health/substance abuse provider and set up appointments without a referral from a doctor. However, you should always talk to your doctor. Your doctor can help you find the right behavioral health provider. MDwise covers behavioral health services and medical services in the same way.

You must choose a behavioral health provider within the MDwise behavioral health network. There is a list of behavioral health providers that you can choose from. To find a behavioral health/substance abuse provider you can call MDwise customer service or go to MDwise.org.

If you have questions about behavioral health or substance abuse services, call MDwise customer service. When you call you will be asked to pick an option number for Hoosier Healthwise or the Healthy Indiana Plan. After you choose a health plan option, listen carefully and pick the option for behavioral health services. If you have a behavioral health emergency, there is an option that you can pick and someone will help you right away. We can answer your questions.
Healthy Indiana Plan (HIP)

HIP BENEFITS

Healthy Indiana Plan has several benefit plans. Here is a brief description of these benefit plans. More specific details about each of these benefit plans and limits are on the following pages. It is important that you read these specific details to understand your coverage.

HIP Plus

This is a preferred plan for all HIP members. HIP Plus provides the best value coverage including:

- Members pay a low monthly contribution based on their income.
- No copays (except for improper emergency room use).
- More extensive pharmacy options.
- Dental services (for more information see page 24).
- Vision services.
- Chiropractic services.

You do not have to pay any other costs or copayments unless you visit the emergency room when you don’t have a true emergency health condition.

If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. For more information about POWER Account monthly contribution see pages 18-23.

HIP Basic

HIP Basic benefits provide coverage for all required services but these services are limited and do not provide dental or vision coverage along with other benefits. Members do NOT make a POWER Account contribution, but have copayments for services. You will need to make a payment almost every time you get health care service, such as going to the doctor, filling a prescription or staying in the hospital.

- Copayments range from $4 to $8 per doctor visit or prescription filled.
- Copayments can be as high as high as $75 per hospital stay.
- Plan maintains essential health benefits, but incorporates reduced benefit coverage (for example, fewer therapy visits).
- Does not include vision or dental coverage (except for 19–20 year olds).
- Limited pharmacy options.

HIP Basic can be more expensive than paying your monthly HIP Plus POWER Account contributions.

Members who don’t pay their POWER Account contribution on time and are not eligible for HIP Basic will be locked out of the HIP program for six months. This lockout will not apply if you are medically frail, living in a domestic violence shelter or in a state declared disaster area. If your income is below 100 percent of the federal poverty level you may be eligible for HIP Basic.

If you fail to make your first POWER Account contribution and you are ineligible for HIP Basic, you will have to re-apply for HIP to gain coverage.
HIP State Plan Plus

HIP State Plan Plus gives you a different set of benefits that works best for your situation or medical condition for a low predictable monthly cost. You can only qualify for this plan if you have certain health conditions or situations. HIP State Plan Plus provides the best value coverage. HIP State Plan Plus allows you to receive these benefits by making a monthly contribution to your POWER Account based on your income.

- Members pay a low monthly contribution based on their income.
- Pharmacy.
- Transportation services are covered (for more information see page 26).
- No copays (except for improper emergency room use).
- Dental services, vision services and chiropractic services.

For more information on covered benefits see pages 13–14.

If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. For more information about POWER Account monthly contribution see pages 18–23.

HIP State Plan Basic

HIP State Plan Basic offers enhanced benefits such as vision, dental and chiropractic services. However, you will need to make a payment called a copayment for most health care services you receive, such as going to the doctor, filling a prescription or staying in the hospital.

- Copayments range from range $4 to $8 per doctor visit or prescription filled.
- Copayments can be as high as $75 per hospital stay.

HIP State Plan Basic could cost you more than paying the HIP State Plan Plus monthly POWER Account contribution.

HIP Maternity Plan

You must call FSSA or MDwise as soon as you find out you are pregnant. If you are pregnant when you apply and get accepted to HIP, you’ll automatically be put in the HIP Maternity plan.

While on the HIP Maternity plan, you will not have to make your POWER Account payment or pay copayments. You will have pregnancy benefits and additional benefits such as transportation.

You will receive at least 60 more days of HIP Maternity coverage after your pregnancy ends. When your pregnancy ends, report it to FSSA immediately at 1-800-403-0864.

Members who become pregnant will automatically be put on the HIP Maternity Plan. While on the HIP Maternity Plan, you will not pay any copays or POWER Account Contributions. Services you receive while on HIP Maternity will not come out of your POWER Account.
**HIP Benefit Summary**

The chart below is a benefit summary for Healthy Indiana Plan members. Please note, once you have spent all of the funds in your POWER Account, then MDwise pays 100 percent of all covered services. If you use up all your POWER Account funds you will not earn bonus dollars to get a cheaper contribution next year. See pages 18-23 for details.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>No annual maximum</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>No lifetime maximum</td>
</tr>
<tr>
<td>POWER Account</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>There will be an $8 copay for non-emergency visits to the ER.</td>
</tr>
<tr>
<td>Preventive Care—Annual check-ups; annual screenings recommended by your PMP and according to preventive care guidelines for your age and gender</td>
<td>MDwise pays at 100%. Not paid from POWER Account.</td>
</tr>
<tr>
<td>Family Planning</td>
<td>MDwise pays at 100%. Not paid from POWER Account.</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>HIP Basic and HIP State Plan Basic plans: $4 copay for preferred drugs and $8 copay for non-preferred drugs. Then paid from POWER Account. HIP Plus and HIP State Plan Plus plans: Paid from POWER Account.</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>HIP Basic and HIP State Plan Basic plans: $75 copay. Then paid from POWER Account.</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>HIP Basic and HIP State Plan Basic plans: $4 copay. Then paid from POWER Account.</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>All HIP plans: No copay</td>
</tr>
<tr>
<td>Outpatient Diagnostic X-rays and Lab Tests</td>
<td>For pregnant HIP members, MDwise pays 100% of all covered services. Not paid from POWER Account. See page 47 to learn more about pregnancy.</td>
</tr>
<tr>
<td>Medical Supplies, DME and Prosthetics</td>
<td>For HIP Plus and HIP State Plan Plus: Paid from POWER Account.</td>
</tr>
<tr>
<td>Outpatient Therapy Services</td>
<td>For HIP Plus and HIP State Plan Plus: Paid from POWER Account.</td>
</tr>
<tr>
<td>Ambulance (Emergency Transportation Only)</td>
<td>For HIP Plus and HIP State Plan Plus: Paid from POWER Account.</td>
</tr>
<tr>
<td>Organ and Tissue Transplant Services</td>
<td>HIP Basic and HIP State Plan Basic plans $75 copay. Then paid from POWER Account.</td>
</tr>
<tr>
<td>Pregnancy Services</td>
<td>For pregnant HIP members, MDwise pays 100% of all covered services. Not paid from POWER Account. See page 47 to learn more about pregnancy.</td>
</tr>
<tr>
<td>Dental Services</td>
<td>HIP Basic and HIP State Plan Basic plans: See page 24 to see what dental services are covered. HIP Basic and HIP State Plan Basic plans: See page 25 to see what eye care services are covered.</td>
</tr>
<tr>
<td>Eye Care</td>
<td>HIP Basic and HIP State Plan Basic plans: See page 24 to see what dental services are covered. HIP Basic and HIP State Plan Basic plans: See page 25 to see what eye care services are covered.</td>
</tr>
<tr>
<td>Out of Network Services (Except for Emergency Care and Family Planning)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
COVERED MEDICAL SERVICES FOR HIP MEMBERS

MDwise wants to help you stay healthy. That is why we cover preventive care as well as sick care. If there are changes to your benefits, we will let you know by mail. It is important for you to know that your ID card still works, even if your benefit plan changes. The card is good until you are not enrolled with MDwise in the Healthy Indiana Plan. If you have any questions about your benefits, please talk to your doctor or call MDwise customer service.

It is also important to understand your Benefit Year and Eligibility Period (also known as Redetermination Period). Benefit Year starts January 1 and ends December 31 each calendar year. Eligibility Period (Redetermination Period) is 12 months from when you are approved for coverage. This can be different for each person.

Benefit Year:

- **IMPORTANT:** You must participate in the annual Eligibility (Redetermination) process.
- Your Benefit Year does not change if you leave the HIP program and return during the year.
- Your benefit limits and POWER Account reset every year in January.
- The HIP Health Plan Selection Period is every year from November 1 - December 15. During this time, you will have the chance to stay with your current health plan or change your health plan for the next benefit year.

**NOTE:** If you like MDwise you do not need to take any action to stay with your current health plan. Your MDwise coverage will automatically continue into the next benefit year.

MDwise is committed to serve your health care needs.

- If you want to change your health plan you can contact the enrollment broker at 1-877-438-4479 during the annual Health Plan Selection Period which is November 1 – December 15 of every year.
- You must get your preventive services within the Benefit Year to qualify for rollover of any funds left in your POWER Account. See pages 18-23 for detailed POWER Account information.

Eligibility (also known as Redetermination) Period:

- You can buy-in to HIP Plus during the Eligibility Period.
- If you do not participate in the annual Eligibility (Redetermination) process, you may be locked out of the HIP program for up to 6 months.
- Letters for your eligibility will come from the Indiana Family and Social Services Administration (FSSA).
- See page 27 for more information on the Eligibility (Redetermination) Period.

Preventive Care

Getting regular preventive care is the key to better health. You get preventive care when you go to the doctor for check-ups and other well care. MDwise covers preventive care because it keeps you healthy and checks for problems before they become serious. In addition, if you complete your preventive care services, your future POWER Account contributions could be reduced. See pages 18-23 for detailed Power Account information.

Examples of preventive care include:

- Check-ups and shots.
- Physical exams.
- Mammograms and Pap smears.
- Eye care exams.
- Dental exams.

See page 3 for more information about preventive care.

Necessary Care

Care must be “medically necessary.” This means it is:

- Needed to diagnose or treat you.
- Proper based on current medical standards.
- Not more than what is needed.

Prior Authorization

Some services need approval from MDwise before you get them. This is called prior authorization. If your doctor does not get prior authorization when it is needed, MDwise will not pay for the services. Prior authorization decisions are based only on the appropriateness of care and services. These decisions are also based on whether or not you have coverage.
The prior authorization departments are available via a toll-free number from 8 a.m. to 5 p.m. Monday through Friday, excluding holidays. The language line is available to assist non-English speaking callers. The prior authorization department is available to answer any questions regarding a specific prior authorization request. They can also answer general questions regarding prior authorization. Your health care provider will contact the prior authorization department on your behalf to ask questions regarding prior authorization or request a prior authorization. If you call the toll-free number after hours or on a holiday or weekend, a voice recording is available and all messages are returned the following business day.

Your Doctor Must Approve and Refer You to these Services

Members can get the full list of services on the following page. Your doctor must approve all these services. To get the following services, you must call or go to your doctor first. The doctor will refer you for any treatments you need.

<table>
<thead>
<tr>
<th>Doctor Care:</th>
<th>Hospital Care:</th>
<th>Medical Supplies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical exams.</td>
<td>Inpatient services.</td>
<td>Prescriptions.</td>
</tr>
<tr>
<td>Primary care.</td>
<td>Outpatient services.</td>
<td>Durable medical equipment.</td>
</tr>
<tr>
<td>Preventive care.</td>
<td>Diagnostic services.</td>
<td>Hearing Aids (one every five years).</td>
</tr>
<tr>
<td>Specialty care.</td>
<td>Lab tests and X-rays.</td>
<td></td>
</tr>
<tr>
<td>Post-stabilization services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

Health care screenings and diagnosis.
Home health care therapy, including:
  • Physical therapy.*
  • Speech therapy.*
  • Occupational therapy.*
Renal dialysis.
Smoking cessation.
Disease management.
Lead screening for 19 and 20 year olds.
Hospice services.
Eye care (excluding HIP Basic members).
Skilled nursing facility.*
Dental services (excluding HIP Basic members).
Transportation for pregnant members and HIP State Plan members.

* Limitations apply depending on your plan. See below for details.

If you have questions about your benefit package call MDwise customer service.

<table>
<thead>
<tr>
<th>Physical, speech, respiratory and occupational therapy (outside home).</th>
<th>HIP Basic</th>
<th>HIP Plus</th>
<th>HIP State Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Limited to 60 combined visits.</td>
<td>✓ Limited to 75 combined visits.</td>
<td>✓ No limits.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home health services including therapy.</th>
<th>HIP Basic</th>
<th>HIP Plus</th>
<th>HIP State Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 100 visits per year.</td>
<td>✓ 100 visits per year.</td>
<td>✓ No limits.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled nursing facility.</th>
<th>HIP Basic</th>
<th>HIP Plus</th>
<th>HIP State Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 100 day limit.</td>
<td>✓ 100 day limit.</td>
<td>✓ No limits.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chiropractor services are covered.</th>
<th>HIP Basic</th>
<th>HIP Plus</th>
<th>HIP State Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ 6 visits per year; maximum 1 per day.</td>
<td>✓ Limited to 50 combined visits.</td>
<td></td>
</tr>
</tbody>
</table>
SERVICES FROM OTHER PROVIDERS FOR HIP MEMBERS

Sometimes, you may need to see a provider other than your regular doctor.

Seeing a Specialist
A specialist is a doctor who treats one part of the body, like the heart, skin or bones. Your regular doctor will write you a referral if you need to see a specialist. That specialist will be in the MDwise network.

If MDwise does not have the doctor that you need in our network, or if the doctor is not within 60 miles of your home (there are some specialists who will be within 90 miles of your home), we may authorize out-of-network doctors to take care of you. These providers must be Indiana Health Coverage Program or Medicaid providers.

You Must Get a Referral From Your Doctor Before Going to a Specialist
MDwise will not cover specialist care unless you have a referral from your doctor. Your doctor will tell you how to get specialist care.

Self-Referral Services
The table below outlines the self-referral services for each HIP health plan.

<table>
<thead>
<tr>
<th>Service</th>
<th>HIP Basic</th>
<th>HIP Plus</th>
<th>HIP State Plan Basic</th>
<th>HIP State Plus</th>
<th>HIP Maternity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye care.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dental services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(in-network only).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric services.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family planning.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency services.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Immunization.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes self-management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(in-network only).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(in-network only).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Podiatry</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Services Outside MDwise

For most services you need to go to a MDwise provider. For some services, you can go to any HIP provider. If you get these services, please let your doctor know. This helps them take care of you. You do not have to get all of your Healthy Indiana Plan Maternity services from MDwise.

The services that you may get outside of MDwise are:

- Pharmacy services (See page 17 for more information).
- Dental services (See page 24 for more information).

Services Not Covered

The following services are not covered under the Healthy Indiana Plan:

- Long-term care services.
- Bariatric surgery (not covered for HIP Basic).
- Services provided in an intermediate care facility for the mentally retarded (ICF/MR).
- Psychiatric treatment in a State hospital.
- Services under the home and community-based services (HCBS) waiver.
- Services that are not medically necessary.
- Dental services (not covered for HIP Basic).
- Conventional or surgical orthodontics, or any treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a congenital anomaly.
- Vision services (not covered for HIP Basic).
- Elective abortions and abortifacients.
- Non-emergency transportation services (i.e., transportation services that are unrelated to an emergency medical condition) (Not covered for HIP Basic and HIP Plus).
- Chiropractic services, except for those services covered under the plan that are within the scope of practice of a chiropractor (e.g., physical therapy) (Not covered for HIP Basic).
- Drugs excluded from HIP.
- Experimental and investigative services.
- Day care and foster care.
- Personal comfort or convenience items.
- Cosmetic services, procedures, equipment or supplies, and complications directly relating to cosmetic services, treatment or surgery, with the exception of reconstructive services performed to correct a physical functional impairment of any area caused by disease, trauma, congenital anomalies or a previous medically necessary procedure.
- Safety glasses, athletic glasses and sunglasses.
- LASIK and any surgical eye procedures to correct refractive errors.
- Vitamins, with the exception of vitamins included through the pharmacy benefit.
- Wellness benefits other than tobacco cessation.
- Diagnostic testing or treatment in relation to infertility.
- In vitro fertilization.
- Gamete or zygote intrafallopian transfers.
- Artificial insemination.
- Reversal of voluntary sterilization.
- Transsexual surgery.
- Treatment of sexual dysfunction.
- Body piercing.
- Over-the-counter contraceptives.
- Alternative or complementary medicine including, but not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, reiki therapy, massage therapy and herbal, vitamin or dietary products or therapies.
- Treatment of hyperhidrosis.
- Court ordered testing or care, unless medically necessary.
- Travel related expenses including mileage, lodging and meal costs, except for mileage paid to emergency transportation providers.
- Missed or canceled appointments for which there is a charge.
- Services and supplies provided by, prescribed by, or ordered by immediate family members, such as spouses, caretaker relatives, siblings, in-laws or self.
- Services and supplies for which an enrollee would have no legal obligation to pay in the absence of coverage under the plan.
- The evaluation or treatment of learning disabilities.
- Routine foot care, with the exception of foot care for individuals with lower extremity circulatory disorders including diabetes.
- Surgical treatment of the feet to correct flat feet, hyperkeratosis, metatarsalgia, subluxation of the foot and tarsalgia.
- Any injury, condition, disease or ailment arising out of the course of employment if benefits are available under any Worker’s Compensation Act or other similar law.
- Examinations for the purpose of research screening.
HIP PHARMACY SERVICES

Medicines for MDwise Healthy Indiana Plan (HIP) members are covered. You can go to any MDwise participating pharmacy that accepts Indiana Medicaid. If you have pharmacy questions or problems, please call 1-844-336-2677.

When you or your child needs medicine or over-the-counter items, your doctor will write a prescription. You can take that prescription to a participating pharmacy.

HIP Members

If you have Internet access, you can go to MDwise.org/members and choose your plan, to look up a medication on the formulary. The formulary also tells you some over-the-counter medicines and vitamins that are covered. The complete formulary list is available online at MDwise.org under Pharmacy Services.

You can also visit MDwise.org/findadoctor, then choose “Find a Pharmacy,” to see a list of participating pharmacies. If you need help, you can call MDwise customer service at 1-800-356-1204.

HIP Pharmacy Services

MDwise Healthy Indiana Plan (HIP) covers necessary medicines. Your doctor must prescribe these medicines. The medicine must be approved by the Food and Drug Administration (FDA). You can go to any MDwise participating pharmacy that accepts Indiana Medicaid. If you have pharmacy questions or problems, please call MDwise customer service and choose the pharmacy option. The phone number is located on the back of your ID card.

When you need medicine, your doctor will write a prescription. You can take that prescription to any MDwise participating pharmacy.

You will not have copays for your prescription medicine if you are a member of one of these plans:
- HIP Plus.
- HIP State Plan Plus.

You will have copays for your prescription medicine if you are a member of one of these plans:
- HIP Basic.
- HIP State Plan Basic.

HIP gives your health care provider a tool called a formulary. This helps them prescribe drugs for you. A formulary is a list of the brand and generic medicines covered by HIP. This drug list also tells you some over-the-counter medicines and vitamins that are covered. MDwise HIP members can call 1-844-336-2677 or go to MDwise.org/hip/pharmacy for more information or to find a list of pharmacies. You can also call MDwise customer service at 1-800-356-1204.

Prior Authorization of Prescription Drugs for HIP Members

For safety reasons, some prescription drugs, need approval from MDwise before you get them. This is called prior authorization. If your doctor does not get prior authorization when it is needed, MDwise will not pay for the prescription. Prior authorization decisions are based on the appropriateness of care and services or safety reasons. These decisions are also based on whether or not you have coverage. Doctors and staff who make prior authorization decisions do not get incentives or rewards for making these decisions. They do not get payment for deciding to deny a service, or for making decisions that may make it harder to get care and services.
HIP POWER ACCOUNT

POWER Account Contributions

In the HIP program, the first $2,500 of medical expenses for covered services are paid with a special savings account called a Personal Wellness and Responsibility (POWER) Account. The state will contribute most of this amount, but you will also be responsible for making a contribution to your account each month. Your monthly contribution amount depends on your income level. If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. HIP Basic members will not make contributions to their POWER Account.

Your POWER Account contribution is 1 of 5 amounts, depending on your household income. This is measured by a comparison to the Federal Poverty Level (FPL). For example, if you make 48% of the FPL, or about $1,000 per month for a family of four, you would pay $5 per month.

<table>
<thead>
<tr>
<th>FPL</th>
<th>Monthly PAC Single Individual</th>
<th>Monthly PAC Spouses</th>
<th>PAC with Tobacco Surcharge</th>
<th>Spouse PAC when one has tobacco surcharge</th>
<th>Spouse PAC when both have tobacco surcharge (each)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 22%</td>
<td>$1.00</td>
<td>$1.00</td>
<td>$1.50</td>
<td>$1.00 &amp; $1.50</td>
<td>$1.50</td>
</tr>
<tr>
<td>23-50%</td>
<td>$5.00</td>
<td>$2.50</td>
<td>$7.50</td>
<td>$2.50 &amp; $3.75</td>
<td>$3.75</td>
</tr>
<tr>
<td>51-75%</td>
<td>$10.00</td>
<td>$5.00</td>
<td>$15.00</td>
<td>$5.00 &amp; $7.50</td>
<td>$7.50</td>
</tr>
<tr>
<td>76-100%</td>
<td>$15.00</td>
<td>$7.50</td>
<td>$22.50</td>
<td>$7.50 &amp; $11.25</td>
<td>$11.25</td>
</tr>
<tr>
<td>101-138%</td>
<td>$20.00</td>
<td>$10.00</td>
<td>$30.00</td>
<td>$10.00 &amp; $15.00</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

Effective 1/1/2019: All HIP members (Plus and Basic) can contribute no more than five percent of their family income. These contributions include POWER Account contributions and copays. If a HIP Plus member’s total contribution is more than five percent of their individual income, the member will only have to pay the $1 minimum contribution to maintain HIP Plus enrollment. See page 30 for more information about reporting changes in income.

The state calculates the individual’s POWER Account contribution during the application process. Contributions are also recalculated by the state before a new coverage term begins (benefit year), to account for any changes in the member’s income. If some or all of a member’s POWER Account balance is rolled over at the end of the coverage term, the annual amount of the member’s POWER Account contribution for the new coverage term will be reduced by that account balance.

POWER Accounts are funded by both the state and the member. Members are encouraged to seek help from their employer or other third party organization. An employer or other third party organization can assist with some or all of the member’s POWER Account contribution. Employers or other third parties interested in providing assistance can find more information by visiting MDwise.org/employer-thirdparty or by calling MDwise customer service.

As a member of the Healthy Indiana Plan, there are special rules to follow. Once you are eligible for the Healthy Indiana Plan, you will get a letter that lets you know what your monthly contribution is. You must pay...
this each month. Members who are pregnant or identified as an American Indian/Alaska Native are exempt from payment of a contribution for HIP Plus. If you do not pay your contribution each month you may be disenrolled from the program or moved to HIP Basic, depending on your income. If your income level is less than 100 percent of the U.S. Federal Poverty Level (FPL) you will be moved to HIP Basic. If you don’t make your payments and your income is more than 100 percent of the FPL you will be disenrolled. We will send you a POWER Account Statement each month to remind you. If you are on HIP Plus and lose coverage due to non-payment, you may not be able to re-enroll for six months unless you qualify for an exemption. If you have recently obtained and later lost private coverage, had a loss of income after disqualification due to increased income, moved to another state and later returned, are a victim of domestic violence, resided in a county subject to a disaster declaration, or are medically frail, you may be entitled to a HIP Non-Payment exemption.

**Tobacco Use Surcharge**

**HIP members**: If you use tobacco, you have 12 months to stop tobacco use or you may have a higher POWER Account contribution. If you don’t stop using tobacco, your POWER Account contribution payment may have a 50 percent surcharge. For example, if your current monthly POWER Account contribution is $10 a month, and if you do not stop using tobacco within 12 months of your coverage starting, your contribution may go up to $15 a month, the next year.

_Tobacco use means the use of tobacco 4 or more times a week in the last 6 months. This includes the use of chewing tobacco, cigarettes, cigars, pipes, hookah and snuff. It does not include the use of nicotine delivery devices._

If your tobacco status changes, please call MDwise customer service.

**Ways to Pay Your POWER Account**

There are a number of ways you can make your monthly POWER Account contribution:

1. **Check or Money Order.** Make your check or money order payable to MDwise and mail your payment to:
   MDwise HIP Contributions
   P.O. Box 714407
   Cincinnati, OH 45271-4407

   **Important note:** All checks and money orders are held for 10 days to allow them time to clear. Please keep this in mind when mailing your contribution.

2. **Cash.** Please do not mail cash. Below are the ways you can make your monthly contribution by cash:
   - **Use MoneyGram.** You can make your POWER Account contribution using cash in person at a MoneyGram location at no cost. Find a MoneyGram location at [www.MoneyGram.com/BillPayLocations](http://www.MoneyGram.com/BillPayLocations). There are more than 41,000 locations inside retailers like Walgreens, Walmart and many more. Bring the following things with you:
     - Enough cash for your payment.
     - Your MDwise Member Identification Number (MID) found on your member ID card.
     - Receive Code: 15187.
     - Complete the MoneyGram ExpressPayment® blue form, use the red MoneyGram phone or use the MoneyGram kiosk to complete your transaction. (Payment processes may vary depending on your location. Simply ask an associate for help.)
   - **Pay at any Key Bank location.** Please call the Key Bank Billing and Collection customer service at 866-539-4092 to request payment slips and obtain complete instructions on how to make cash POWER Account contributions with Key Bank.

3. **Employer/Other Third Party Contribution.** Ask your employer or other third party about paying some or all of your contribution. If they agree to help pay your contribution, the Employer/Third Party Contribution form must be filled out. This form can be found on our website at [MDwise.org/employer-thirdparty](http://MDwise.org/employer-thirdparty). An employer or other third party can assist by paying some or all of your monthly POWER Account contribution. If your employer or other third party pays only part of your contribution, you will get a bill each month for the rest.
4. **Payroll Deduction.** Ask your employer if you can have your HIP contribution taken from your paycheck. If so, your employer will need to complete the Direct Deposit Form and follow instructions on remittance to Key Bank. Employers may contact customer service at 1-866-539-4092 for assistance.

5. **WISEpay.** You can submit payment online with a credit card or arrange for an automatic withdrawal from a designated bank account (electronic funds transfer). You can do this through myMDwise by visiting MDwise.org and clicking on the MDwise WISEpay link. For general billing or payment help, or if you need help with your online payment, please call WISEpay customer service at 1-866-539-4092.

6. **Phone.** You can also make contribution payments with a debit or credit card by phone. Call our automated Billing and Payment Center at 1-866-539-4092.

If other members of your household are HIP members, you can make a payment for each person all at once. Remember, each HIP member has their own account number and each member has their own payment amount.

If paying by mail:
- Please send in the payment slip for each member making a payment. This way each member’s account will show that a payment was made correctly.
- Please make sure that the total dollar amount matches the amounts due from each of the payment slips.
- Please include each account number on the check.
- Mail payments to the address listed on the slip.
- Please include your Member Identification Number (MID) on all checks or money orders to ensure timely application to your account.
You will get a bill or invoice for your contribution each month. The invoice will tell you the different ways you can make your payment. It will also tell you how much you need to pay.

Paying with myMDwise:
1. Create a myMDwise account by going to MDwise.org/myMDwise. You can sign up to get your monthly invoice online through myMDwise.
2. Once you sign up we will email you each month when your invoice is ready.
3. Log on to your myMDwise account to get your invoice and pay your monthly contribution.

**Please Pay Monthly Contributions On Time!**

HIP Plus members must pay their monthly contributions on time. MDwise provides many payment options to help members make their contributions on time. Depending on your income, if you do not pay your monthly contribution you will be moved to a different HIP plan or lose coverage. If you don’t pay your contribution within 60 days and your income is below the federal poverty level (FPL), you will be moved to HIP Basic. If you do not pay your contribution within 60 days and your income is above the FPL, you will be disenrolled. If you are disenrolled you lose all coverage and can not re-enroll in HIP for six months. Re-enrollment lock-out will not apply if you have recently obtained and later lost private coverage, had a loss of income after disqualification due to increased income, moved to another state and later returned, are a victim of domestic violence, resided in a county subject to a disaster declaration or are medically frail.

HIP Basic has minimum coverage benefits and requires copays for all covered medical services except preventive care. Because this plan requires copays for medical services, the HIP Basic plan may be more expensive than paying your monthly POWER Account contributions for HIP Plus, which has more benefits.

**Changing Your Contribution Amount**

If your family or income size changes while you are on the Healthy Indiana Plan, you must report this change. Some examples of this are when there is a birth, death, divorce or when someone moves in or out of your household. You should report any job loss or income change while you have HIP coverage. If your family size has increased or your income has decreased, your contribution amount may be recalculated at a lower rate. Please call 1-877-438-4479 to find out more. See pages 28-30 for information on reporting a change.

**MDwise Healthy Indiana Plan Card**

You will get a MDwise ID card in the mail. Use this MDwise ID card whenever you go to the doctor, the pharmacy or anytime that you get health care services. If you lose your card call MDwise customer service. We will replace your card at no cost to you.
POWER Account Reconciliation for HIP Members

POWER Account Reconciliation is required for all fully eligible HIP members for every benefit period. This is usually a yearly activity if you stay in HIP for the entire 12 month benefit period. This activity can also occur earlier if you end your HIP coverage or transfer your coverage to another plan. The entire process takes a minimum of 120 days to complete after your benefit period with MDwise ends.

Termination

Once you become fully eligible and end your coverage with HIP, or fail to renew your coverage at the end of 12 months, the following steps are taken to settle your $2,500 POWER Account to the State:

1. MDwise will gather your benefit period, enrolled covered months and reason for termination. If you were a HIP Plus member and stopped paying your monthly contribution any leftover funds will receive a 25 percent penalty and you will only receive 75 percent of any applicable refund amount. If your coverage ends for any other non-penalty reason, 100 percent of eligible member funds will be evaluated for refund.
2. If you were a HIP Plus member, MDwise will gather all contributions paid into the POWER Account by you, your employer, any third party entity on your behalf, and the State. If your account shows an excess in contributions received, called over-payments, you may request a refund at any time during the year or excess member contributions will automatically be refunded at the end of the calendar year or benefit period.
3. MDwise will gather all claims paid from the POWER Account and whether or not you had preventive services.
4. Whether you were enrolled with MDwise for one month or all twelve months, MDwise will determine if the contributions paid cover your required portion of claims responsibility. If you were a HIP Basic member then your HIP POWER Account was paid entirely by the State and no further action is needed. If you were a HIP Plus member and paid more than what was needed to cover your claims responsibility you will receive a refund. If you paid less than what was needed to cover your claims responsibility the debt will remain on your account until it is paid off. If you paid exactly what was needed to cover your claims responsibility no further action is needed.

Transfer

Applicable only for benefits periods beginning 2/1/2015 thru benefit periods ending 12/31/2018. Effective 1/1/2019 transfer transactions will be treated like a term transaction.

Once you become fully eligible and transfer from MDwise to another plan at the end of your benefit period, the following steps are taken to settle your $2,500 POWER Account to the State of Indiana:

1. MDwise will gather your benefit period and covered months of enrollment with MDwise.
2. MDwise will gather all contributions paid into the POWER Account by you, your employer and any third party entity on your behalf and the State.
3. MDwise will gather all claims paid from the POWER Account and whether or not you had preventive services.
4. MDwise will determine if the contributions paid cover your required ratio of claims responsibility. The resulting information will be sent to your new plan.

Rollover

Once you become fully eligible and renew your coverage, the following steps are taken to settle your $2,500 POWER Account from the prior period to the State:

1. MDwise will gather your benefit period and enrolled covered months.
2. If you were a HIP Plus member, MDwise will gather all contributions paid into the POWER Account by you, your employer, any third party entity on your behalf and the State.
3. MDwise will gather all claims paid from the POWER Account and whether or not you had preventive services.
4. If your POWER Account has a $0 value, no further action is needed. However, if there is a positive balance leftover in your account, MDwise will run the rollover process.

Members ending their prior benefit period as HIP Plus:

- Member Rollover – You get to reuse these dollars to reduce the amount owed for your current benefit period. Unused member rollover dollars will be kept and used in future benefit periods. Member Rollover dollars can be used to pay off existing debt on account or to pay tobacco surcharge amounts. To align with the 5 new POWER Account values based on FPL bands (0-22% pay $1 up to 101-138%
pay $20); Member Rollover earnings will be limited to a maximum of $240 beginning with Rollover POWER Account reconciliations for calendar year 2018 and beyond. Excess member rollover will refunded to member:

• **State Rollover** – If you also received preventive services, the State matches your member rollover dollar amount and provides extra funds for you. These funds will be used to further reduce the amount you owe for the current benefit period but only after member rollover dollars are used up. State Rollover is NEVER used to pay tobacco surcharge amounts. Unused State Rollover funds are returned to the State at the end of the current benefit period.

Members ending their prior benefit period as **HIP Basic**:

• **State Rollover Discount Percentage** – *If you also received preventive services*, you will earn a state discount equal to the percentage of claims leftover in your POWER Account. The maximum discount percentage is 50 percent. The discount is applied to reduce the possible plus payment amount due to move you from the HIP Basic to the HIP Plus plan. If you choose NOT to pay for plus at this reduced rate, the State’s rollover discount is lost for the rest of the current benefit period. **HIP Basic members who do NOT get preventive services will not earn the State rollover discount.**

• Members who choose to remain BASIC will incur a 25% penalty on any unused Member Rollover dollars. Only 75% of remaining Member Rollover dollars will be carried forward to your new coverage year.

**How to Know What Medical Services Cost for HIP Members**

Even though preventive services are free for MDwise HIP members and will not come out of your POWER Account, it is important to know what your medical services costs. That way you will know how much is going to be taken out of your POWER Account each time you get medical care. If you want to know costs before you get a medical service, please go to the MDwise website at MDwise.org /HIP/costofcare. We have posted a list of common medical services and their costs. You can also call MDwise customer service and we can mail you a list of common services and their costs. If you want to know about a specific service that is not listed, please call MDwise customer service and we will research it for you. We will call you back to let you know the cost for that service.

Your monthly POWER Account statement will tell you what services you have received and what was taken out of your POWER Account to pay for them. You can sign up to get these monthly statements online through myMDwise. You can earn MDwiseREWARDS points if you sign up. See page 52 for details.
HIP DENTAL SERVICES

MDwise uses a company called DentaQuest to provide your dental services under the Healthy Indiana Plan. Dental care is very important for your health and well-being. You need to have regular check-ups every six months at your dentist’s office. Dental exams count as a preventive service.

Contact DentaQuest

Call DentaQuest for information regarding eligibility, finding a doctor, benefits or any dental-related questions. You can reach DentaQuest toll-free at 1-844-231-8310. Hours are Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-466-7566.

Find a Dentist

To find a participating dentist near you, visit MDwise.org/findadoctor. Under “Healthy Indiana Plan Members,” select “Find a Dentist.” You can also call toll-free 1-844-231-8310 and we will help you find a dentist.

To receive dental benefits, make sure the dentist is a participating provider in the network. If you receive services from an out-of-network dentist, you may be responsible for the full payment of the dentist’s charges.

Benefit Summary

Your dentist will tell you if the dental care you need is covered and going to be paid for by your dental plan. HIP Basic and HIP State Plan Basic members will have copays for dental services. The table at the bottom of this page includes some dental services covered for each HIP Health Plan.

Dental Services Not Covered

Your dentist can tell you the full list of services covered by the Healthy Indiana Plan. You can also call MDwise customer service for the list of services covered.

Dental Limits

There are no dental cost limits or maximums for the Healthy Indiana Plan.

Emergency Dental Care

If you experience dental pain, call your dentist right away. Your dentist will arrange to see you as soon as possible. You can also call the MDwise NURSEon-call line to speak with a nurse. You should not go to the emergency room for dental pain unless your dentist, doctor or NURSEon-call tells you to.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefits Coverage Description</th>
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</thead>
<tbody>
<tr>
<td>• HIP Plus</td>
<td>• Emergency oral exams.</td>
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<tr>
<td></td>
<td>• Dental x-rays.</td>
</tr>
<tr>
<td></td>
<td>- Complete set once every three years.</td>
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<tr>
<td></td>
<td>- Bite-wing x-rays once every 12 months.</td>
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<td></td>
<td>• Oral exams every six months.</td>
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<td></td>
<td>• Teeth cleaning every six months.</td>
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<td></td>
<td>• Minor restorative services like fillings.</td>
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<tr>
<td></td>
<td>• Major restorative services like crowns.</td>
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<tr>
<td>• HIP Basic members ages 19-20</td>
<td>• Oral exams every six months.</td>
</tr>
<tr>
<td>• HPE (adult presumptive eligibility) members ages 19-20</td>
<td>• Emergency oral exams.</td>
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<td></td>
<td>• Teeth cleaning every six months.</td>
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<td></td>
<td>• Dental x-rays.</td>
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<td></td>
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<tr>
<td></td>
<td>- Bite-wing x-rays once every 12 months.</td>
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<tr>
<td>• HIP State Plan Basic</td>
<td>• Oral exams every six months.</td>
</tr>
<tr>
<td>• HIP State Plan Plus</td>
<td>• Emergency oral exams.</td>
</tr>
<tr>
<td>• HIP Maternity</td>
<td>• Dental x-rays.</td>
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<td></td>
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<td></td>
<td>• Teeth cleaning every six months.</td>
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<tr>
<td></td>
<td>• Minor restorative services such as fillings.</td>
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<tr>
<td></td>
<td>• Dentures and denture repairs.</td>
</tr>
<tr>
<td></td>
<td>• Extractions.</td>
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HIP EYE CARE

Eye care benefits are available for members in the following plans:
- HIP Plus.
- HIP Basic members ages 19–20.
- HIP State Plan Plus.
- HIP State Plan Basic.
- HIP Maternity.

Getting Eye Care Services

To get eye care services, you can call an eye doctor (either an optometrist or ophthalmologist). Eye care exams count as a preventive service. The eye doctor must be contracted with the state of Indiana. When making an appointment be sure to ask if the office is contracted with the state of Indiana. You can search for eye care providers at MDwise.org/findadoctor. You can also call MDwise customer service and we can help.

Benefit Summary

HIP Basic and HIP State Plan Basic members may have copays for vision services.

Eye Exams
- One eye exam per year for members under 21 years old.
- One eye exam every two years for members 21 years of age or older.
- Additional examinations must be medically necessary.

Eyeglasses (including frames and lenses)
- One pair of eyeglasses a year for members under 21 years old.
- One pair of eyeglasses every five years for members 21 years of age or older.
- Repairs or replacements of eyeglasses for reasons that are beyond your control. Examples include fire, theft or a car accident.
HIP TRANSPORTATION SERVICES

Rides to Your Doctor
MDwise covers transportation to doctor and dentist appointments for HIP State Plan Plus and HIP State Plan Basic. You can get transportation if you are a pregnant HIP member and you have called to let us know you are pregnant.

MDwise covers 20 one-way rides to and from your doctor or clinic each year. You should save your trips for when you cannot get a ride any other way. If available in your area, MDwise may give you a bus pass for your trip to the doctor. A bus pass counts as two trips towards your trip limit. If there are any extra trips on the bus pass, you can use them to go to other important appointments.

You should only take an ambulance when it is a true emergency. If you think your problem could cause lasting harm or loss of life, call 911.

MDwise does not cover trips to the pharmacy.

Scheduling a Ride (non-emergency)
You should call MDwise to arrange a ride the same day you make your doctor’s appointment. If you forget, you must call at least two business days before the doctor’s appointment to get a ride. For example, if your appointment is on Wednesday, you must call by Monday at the latest. Weekend days and holidays do not count. If you need an urgent trip, let us know.

If you have used up your 20 one-way rides, or if you need transportation further than 50 miles from your home or outside of Indiana, you will need to call MDwise for prior approval for the trip. This means a nurse will need to approve the trip based on medical necessity. If this is the case, call at least three days before your appointment to schedule your transportation. That allows MDwise time to get your trip approved.

When you call for a ride, you should:
1. Schedule your appointment with your doctor or dentist before you call to schedule a ride.
2. Have your MDwise member ID card ready. You will also need to know:
   • Your address and phone number.
   • Date the ride is needed.
   • Time of the doctor appointment.
   • Name, address and phone number of the doctor or clinic.
   • Total number of passengers.
   • Time you think the visit will end.
3. Call MDwise customer service to reserve your ride. Listen carefully and pick the transportation option. You must call between 8:00 a.m. – 8:00 p.m., Monday through Friday.
4. Members must call the MDwise customer service transportation line for a return ride from their appointment, NOT the transportation company.

WHO CAN GET TRANSPORTATION?
The following members can get rides:
• Any pregnant HIP Member.
• Any member in HIP State Plan Plus.
• Any member in HIP State Plan Basic.

TIP: Don’t forget to call for your ride as soon as you set up your doctor appointment.

If you cancel or change your appointment, call MDwise right away to cancel or change your ride.
HIP MEMBER REDETERMINATION

Healthy Indiana Plan members must re-enroll every 12 months. This is called redetermination. The process will determine if you are still eligible for the Healthy Indiana Plan. It will also determine your monthly POWER Account contribution for the next year.

Forty-five days before your coverage ends, you will get a letter from the Division of Family Resources with information about how to enroll for the next year. Please be sure to answer all the questions related to your re-enrollment. Please read this information VERY carefully. If you have questions about it, feel free to call us.

If you have to fill out the form, mail it back to:
FSSA Document Center
P.O. Box 1810
Marion, IN 46952

It is very important that you fill out the re-enrollment form right away and send it in. You can also fax the completed form to 1-800-403-0864. The Division of Family Resources must get this completed form at least 15 days BEFORE your coverage term ends or you will be disenrolled from HIP.

If you need help filling out this form, please call us. We are happy to help you. If you do not get this form by 60 days prior to your re-enroll date, call 1-877-438-4479 to request a new one be sent to you.

HIP MEMBERS MOVING TO DISABILITY OR MEDICARE COVERAGE

All HIP members are required to apply for another Medicare program if they are eligible or become eligible for one. This includes Medicare for people over 65 years of age and disability. Medicare will assist with your application process if you are getting close to the age of 65. If you become disabled, there is Medicaid Disability. The Healthy Indiana Plan will assist you on the next steps in applying for Medicaid Disability coverage. Please call 1-877-438-4479 or go to in.gov/fssa. You can get more information on disability or other assistance programs that may meet your needs when HIP is no longer the best option or is no longer available for your health care needs. When disability (or other assistance program) coverage is approved, it will usually have a retroactive start date for coverage. This means you may have copays and you will be responsible for payments. HIP will not cover those copays.

When a HIP member becomes eligible for Medicare their HIP coverage ends. Medicare Part A and Medicare Part B will have different start dates. You are encouraged to get your Medicare coverage and know when your HIP coverage ends, and when your Medicare starts. You are also encouraged to think about “Medigap” coverage. This is extra coverage that will help pay for things Medicare does not fully cover. It is important to review your Medicare coverage and get the best Medicare packages that meet your needs. In some cases, you will also need an extra “Medigap” policy. This will help fill the Medicare coverage gap and help you with things you have to pay such as copays or deductibles. Please call 1-800-MEDICARE (1-800-633-4227) or visit cms.gov/Medigap for extra coverage options. For general information about Medicare and other federal programs you can go to medicare.gov and cms.gov.

When your HIP coverage is no longer available or no longer the best option, the above programs may offer you other health care coverage options.
CHANGES YOU MUST REPORT AND DOCTOR AND PLAN CHANGES FOR HIP MEMBERS

New Address or Phone Number
If you move or change your phone number, you must let the Division of Family Resources (DFR) know. Go to www.in.gov/fssa/dfr/2999.htm and click on “Manage Current Benefits.” Log in to the system to make your change. You can also call the DFR at 1-800-403-0864 or call MDwise customer service. We can help.

Other Insurance Plans
If you have other health insurance, you must let us know. You must also tell us, and the Healthy Indiana Plan (1-877-438-4479), if:

- You have changes in your insurance.
- You get hurt in a car wreck.
- You get hurt at work.
- You get hurt and someone else may have to pay.

Medically Frail
Members with certain health conditions may be eligible for enhanced benefits. MDwise will monitor your health conditions and let you know if you qualify for these benefits. If you think you have a health condition that may qualify please call MDwise customer service. An individual may be considered medically frail if they have any of the following:

- Disabling mental disorder;
- A chronic substance abuse disorder;
- Serious and complex medical conditions;
- Physical, intellectual or developmental disability that significantly impairs the individual’s ability to perform one or more activities of daily living; or
- A disability determination based on Social Security Administration criteria.

If you have a condition, disorder or disability as described above, you may receive additional benefits called the HIP State Plan benefits. The HIP State Plan benefits grant you comprehensive coverage including vision, dental, non-emergency transportation and chiropractic services. These HIP State Plan benefits will continue as long as your health condition, disorder or disability status continues to qualify you as medically frail. MDwise may contact you annually to review your health condition. It is important to answer any questions to maintain HIP State Plan benefits. If you fail to verify your condition at the request of MDwise, you could still have access to comprehensive coverage including vision and dental, by participating in HIP Plus, but you would lose access to the additional HIP State Plan benefits including coverage for non-emergency transportation and chiropractic services. If you have questions or you have changes in your health condition, please contact MDwise customer service.

Changing Your Doctor
If you are not happy with your health care or your doctor, please call MDwise. We will work with you to fix any problems you have.

We can also help you change doctors, such as when:

- You have moved.
- Your doctor has moved or no longer belongs to MDwise.
- Your doctor does not return your calls.
- You have trouble getting the care you want or your doctor says you need.
- Your doctor was assigned by MDwise before you had the chance to choose a doctor for yourself.
- Other reasons—call for more information.

To change your doctor or to ask for a list of doctors in your area, please call MDwise customer service. You can also go to MDwise.org/findadoctor to get a list of MDwise doctors. Remember, it is better for your health to stay with one doctor, rather than changing doctors often.

Important Information About MDwise Doctors
You can find information about MDwise doctors at MDwise.org/findadoctor. This will tell you many things about doctors and other providers. This includes:

- Practice location.
- Phone number.
- If they are on a bus line.
- Languages they speak.
- And more.

If you have questions about the quality of MDwise providers please ask us. You can call MDwise customer service and we can research specific doctors for you.
The information we give you might include credentialing status and board certifications, licensure and accreditation information, and complaint history. You can also find quality information on facilities, such as hospitals, in the MDwise network. Go to MDwise.org/findadoctor where we have links to information about hospitals. This information is collected nationally by the Department of Health and Human Services. Remember, it is better for your health to stay with one doctor, rather than to change doctors often.

Changing Your Plan

We hope you are happy with the services you receive from MDwise. If you are not happy please call MDwise customer service and we will try to help. If you are eligible to change your plan, you can do so by calling 1-877-438-4479.

You can change your plan:

• Before you make your initial POWER Account contribution to become effective.
• During the Health Plan Selection Period.
• If there are quality of care problems that we cannot fix for you.
• If you become pregnant and choose to switch from your HIP plan to HIP Maternity.

You can also ask to change your health plan at any time if you have “just cause.” The just cause reasons include:

• The health plan does not have access to medically necessary services covered.
• The health plan does not, for moral or religious reasons, cover the service you need.
• You need related services to be performed at the same time; not all related services are available within the health plan network; and your primary medical provider or another provider believes that getting the services separately would subject you to unnecessary risk.
• The health plan is disciplined by the Office of Medicaid Policy and Planning.
• The health plan does not have providers experienced in dealing with your health care needs.
• Poor quality of care. Poor quality of care includes failing to meet established standards of medical care and significant language or cultural barriers.
• The member’s primary care provider (PMP) leaves the health plan, and the health plan cannot choose a new PMP suitable for the member’s needs.
• The health plan provides limited access to a primary care clinic or other health services within reasonable proximity to the member’s home.
If you think you have a “just cause” reason, you must first contact MDwise, so that we can try to resolve your concern. If you are still unhappy after contacting us, you can contact the Healthy Indiana Plan by phone at 1-877-Get-HIP9 (1-800-438-4479) or by mail at:

Healthy Indiana Plan
PO Box 441410
Indianapolis, IN 46244

The Healthy Indiana Plan will review your request and help you obtain the form to submit the change.

**Changing Your Contribution Amount**

If your family or income size changes while you are on the Healthy Indiana Plan, you must report this change. Some examples of this are when there is a birth, death, divorce or when someone moves in or out of your household. You should report any job loss or income change while you have HIP coverage. If your family size has increased or your income has decreased, your contribution amount may be recalculated at a lower rate. Please call 1-877-438-4479 to find out more.

**What To Do If You Pay More Than Five Percent of Your Individual Income**

If you have paid for health care over five percent of your income in a given calendar quarter (every three months of coverage beginning on first effective date), let us know. This money must have been paid by you or another family member for:

- Monthly contributions for your HIP coverage.
- Copays.
- CHIP premiums.
- Debt repayments.

If these things add up to more than five percent of your income in a given calendar quarter, you may not have to pay future copays. **HIP Plus members will only have to pay the $1 minimum contribution to maintain HIP Plus enrollment.** If you think this is true for you, we will track this for you during your MDwise enrollment. If you disagree with the total or have health expenses for other members of the family then we will need to see copies of receipts to confirm.

Requests and documentation can be sent to:

MDwise Customer Service
P.O. Box 44236
Indianapolis, IN 46244-0236

We will review all of your documents. We will confirm whether you have paid over five percent of your income during a three month calendar quarter. We will then let you know the outcome of our review.
GATEWAY TO WORK

Gateway to Work is a part of the Healthy Indiana Plan (HIP). It connects HIP members like you with ways to look for work, train for jobs, finish school and volunteer. Starting in 2019, you might be required to do Gateway to Work activities to keep your HIP benefits. The Indiana Family Social and Services Administration (FSSA) will give you your Gateway to Work status. Your status will be Reporting, Reporting Met or Exempt.

If your Gateway to Work status is “Reporting,” you need to meet a required number of activity hours each month and report them. There are many things you can do to meet the requirement. Activity hours must be reported using the FSSA Benefits Portal or by calling MDwise. MDwise can answer questions or connect you with new activities.

At the end of the year, we will look at all the hours you reported and determine if you met your required hours each month. You will need to meet the required monthly hours 8 out of 12 months of the year to keep your HIP benefits. Contact MDwise if you have questions about Gateway to Work.

Information on Gateway to Work Status

Any HIP member can do the Gateway to Work program but some HIP members are required to do it. Based on the information you have reported to FSSA, a Gateway to Work status has been assigned to you. Every HIP member has one of the following status assignments for Gateway to Work:

- **Exempt** – “Exempt” means you meet an exemption for Gateway to Work. You are not required to participate during months you are exempt, but you can if you want to.

- **Reporting Met** – “Reporting Met” means you do not meet an exemption, but already work at least 20 hours per week. You do not need to do anything new for Gateway to Work unless you report a change of employment to FSSA.

- **Reporting** – “Reporting” means you are required to do Gateway to Work. You will have to work, attend classes or volunteer and report those activities each month through the FSSA Benefits Portal. You can also call MDwise to report your hours.

Your status may change during the year if you have a change in your work or school status, or if you start or stop meeting an exemption.

Gateway to Work Member Status Notification

FSSA will mail you a letter with your Gateway to Work status. To check your Gateway to Work status, call MDwise customer service at **1-800-356-1204**, or **317-630-2831** in the Indianapolis area, log on to the FSSA Benefits Portal, or look at your monthly POWER Account statement (beginning in March 2019).

Hours Required To Meet the Requirement

If your Gateway to Work status is “Reporting,” you need to report activity hours each month using the FSSA Benefits Portal. You need to report the type of activity, date, location and the number of hours completed. For help entering Gateway to Work information, you can contact MDwise or work with a Gateway to Work partner. Please go to [www.HIP.in.gov](http://www.HIP.in.gov) and click on “Gateway to Work” for more details.
Schedule of Timeframe for Monthly Required Hours

Gateway to Work’s required activity hours will increase on a set schedule. This is designed to give you time to learn about the program, contact your health plan, find Gateway to Work partners and activities you can do, and set up your FSSA Benefits Portal account. After July 1, 2020, the required activity hours reach 80 hours per month.

If your Gateway to Work status is “Reporting,” you will need to do qualifying activities for a certain number of hours each month. Hours do not carry over from month to month. The number will start at zero in January 2019 and increase as shown below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Required Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2019 – June 30, 2019</td>
<td>0 hours per month</td>
</tr>
<tr>
<td>July 1, 2019 – September 30, 2019</td>
<td>20 hours per month</td>
</tr>
<tr>
<td>October 1, 2019 – December 31, 2019</td>
<td>40 hours per month</td>
</tr>
<tr>
<td>January 1, 2020 – June 30, 2020</td>
<td>60 hours per month</td>
</tr>
<tr>
<td>July 1, 2020 – Ongoing</td>
<td>80 hours per month</td>
</tr>
</tbody>
</table>

For example, in July 2019, if you do 5 hours of activities each week, you will meet the 20 hour requirement for the month. When the requirement goes up in October 2019, if you do 10 hours of activities each week, you will meet the 40 hour requirement for the month.

Exemptions

If your Gateway to Work status is “Exempt,” you are not required to participate in Gateway to Work for the months you are exempt, but you can participate if you want to. Exemptions include:

- **Age 60 years and older.**
  - Your exemption starts the month you turn 60 years old.

- **TANF or SNAP recipient.**
  - All months you are receiving TANF (cash assistance) or SNAP (EBT card) benefits.

- **Medically frail.**
  - All months you have been determined medically frail by your health plan.

- **Pregnant.**
  - All months you are pregnant beginning the month you get pregnant and then for 2 months after delivery.

- **Homeless.**
  - All months you are homeless or do not have stable housing.

- **In treatment for a substance use disorder.**
  - All months you are in substance abuse or addiction treatment.

- **Recently incarcerated (for a period of at least 30 days in the past 6 months).**
  - If you have been in prison or jail for at least 30 days in the last 6 months, you are exempt the month you are released and the 6 months following your release.

- **Certified temporary illness or incapacity.**
  - All months you have a temporary illness or incapacity determined by the following:
    - You have an inpatient hospital stay covered by HIP.
    - You have an illness or injury certified by your doctor.
• Caregiver.
  - All months you are a primary caregiver for the following.
    › A dependent child under 7 years old (a dependent is your biological child, stepchild, foster child, sibling, step-sibling, grandchild, step-grandchild or other relative).
    › A disabled dependent (a dependent is your biological child, stepchild, foster child, sibling, step-sibling, grandchild, step-grandchild or other relative).
• Student (half or full-time).
  - All months you are enrolled and attending, a postsecondary educational institution (like college) or vocational school. Half time is 2 classes in a long semester or 1 class in a short semester.
• Other possible exemptions will be reviewed for good cause on an individual basis.

If you meet one of the above listed exemptions and have not been given a Gateway to Work status of “exempt,” you need to call MDwise.

Qualifying Activities

You may meet your required number of hours by doing any of the activities below. You can earn hours in more than one category. For example, in one month you could go to job training for 5 hours and volunteer for 5 hours to earn 10 hours.

Work
• Employment.
  - Employed or self-employed and receiving wages.
• Job search activities.
  - Such as going to job fairs, applying for jobs, reviewing online job postings or writing your resume.
• Education related to employment.
  - On-the-job training.
• Homeschooling.
  - You homeschool your child in the home setting, meeting all legal requirements for homeschooling.
• Members of the Pokagon Band of Potawatomi participating in the tribe’s comprehensive Pathways program.

Learn
• Adult education.
  - Preparing to take the High School Equivalency test.
  - Attending educational classes beyond high school (postsecondary education like college).
• General education.
  - Such as taking a budgeting, computer skills, gardening or cooking classes.
• Job skills training.
• Vocational education or training.
• English as a Second Language education.
• Attending other general education classes or training from a not-for-profit, public institution or Gateway to Work partner.
  › Activity hours includes class time, study time and travel time.
• Serve
  - Volunteer work.
    - Such as helping at your children’s school, your church or helping people in your neighborhood.
  - Community service/public service with any organization.
    - Volunteering through an established nonprofit organization.
  - Community work experience.
    - A program offered by a Gateway to Work partner that would provide you with general skills, knowledge and work habit training.
  - Caregiving services.
    - Such as helping a person with a chronic, disabling condition.

Other activities may be accepted based on individual review.
How to Report Gateway to Work Activity Hours

To report an activity, you will need the type, date, location and the number of hours completed. It is best to report hours as soon as you finish an activity to make sure you do not forget, but you can report at any time after the activity is complete. You will need to report all activity hours completed for the year by December. You can report your hours:

- Online – Use the FSSA Benefits Portal on your phone or desktop computer.
- By phone with MDwise – Call MDwise customer service at 1-800-356-1204, or 317-630-2831 in the Indianapolis area to report hours.

You can also find a Gateway to Work partner on the HIP website at www.HIP.in.gov (click on “Gateway to Work”) who may be able to help you.

MDwise will send you your Gateway to Work status on each monthly POWER Account statement. This will help you keep track of your progress every month throughout the year.

At the end of the year, a review will determine whether you have met your requirements. If you do not log or complete the required number of hours, you may lose your HIP benefits for the following year. Your HIP benefits will be suspended until you meet the requirements for Gateway to Work.

How to Find Gateway to Work Opportunities

General information about Gateway to Work can be found at www.HIP.in.gov (click on “Gateway to Work”). The website includes:

- Link to the FSSA Benefits Portal to report your hours.
- General information about Gateway to Work.
- An online assessment to help you find what Gateway to Work activity might be right for you and where to start.
- A list of places where you can work or volunteer.

MDwise can also provide resources for participation in Gateway to Work.
Understanding the Gateway to Work Progress Statement Included with the Monthly POWER Account Statement

MDwise will send your Gateway to Work status and progress on each monthly POWER Account statement. This will help you keep track of your progress.

Your POWER Account statement will show you how many activity hours are required each month. You will see a “Yes” or “No” marked on the months you have completed or not completed Gateway to Work. You will see “Yes” on months your Gateway to Work status is “Exempt” or “Reporting Met.” Months you are not in HIP will also be marked as “Yes.”

Gateway to Work Member Assistance Planning

Many resources are available to help members participate in the Gateway to Work program. You can take an online assessment at www.HIP.in.gov (click on “Gateway to Work”) to help you find activities you can do for Gateway to Work. You can also call MDwise to take the assessment over the phone. If you need more help, we can do a longer assessment over the phone. This will help find any problems you might have to meet your Gateway to Work activity hours. We can talk about your interests and skills and develop a plan for you to be successful with Gateway to Work.

Contact information for members who have issues reporting hours or questions about the Gateway to Work program

For questions about the program or issues reporting hours, contact MDwise customer service at 1-800-356-1204, or 317-630-2831 in the Indianapolis area.

HELPlink

HELPlink is a MDwise program that connects members to various organizations in their community. These organizations can help with housing, utilities, job placement and more. HELPlink is available to all members. It is a free resource that can help you overcome the obstacles of daily life, and help you on your pathway to success.

WORKwise

WORKwise is a free program for MDwise members. WORKwise connects members to work and education resources. WORKwise Success Guides help members build resumes, prepare for interviews, access educational opportunities and more. Success Guides also provide training, clinics and other tailored opportunities. These tools help prepare members to take steps toward their personal success. Participating in WORKwise helps HIP members fulfill Gateway to Work requirements.
MDwise wants to help you stay healthy. That is why we cover preventive care as well as sick care. If there are changes to your benefits, we will let you know by mail. If you have any questions about your benefits, please talk to your doctor or call MDwise customer service.

How to Know What Medical Services Cost
It is important to know what your medical services cost. If you want to know costs before you get a medical service, please visit MDwise.org. We have posted a list of common medical services and their costs. You can also call MDwise customer service. We can mail you a list of these common services and their costs. If you have a specific service that is not listed, please call MDwise customer service and we will research it for you. We will call you back to let you know the cost for that service.

Preventive Care
Getting regular preventive care is the key to better health. You get preventive care when you go to the doctor for check-ups and other well care. MDwise covers preventive care because it keeps you healthy and checks for problems before they become serious. Examples include:

- Check-ups and shots for adults and children.
- Care for pregnant women.
- Well baby care.
- Physical exams.
- Mammograms and Pap smears.

Necessary Care
Care must be “medically necessary.” This means it is:

- Needed to diagnose or treat you.
- Proper based on current medical standards.
- Not more than what is needed.

Prior Authorization
Some services need approval from MDwise before you get them. This is called prior authorization. If your doctor does not get prior authorization when it is needed, MDwise will not pay for the services. Prior authorization decisions are based only on the appropriateness of care and services. These decisions are also based on whether or not you have coverage. Doctors and staff who make prior authorization decisions do not get incentives or rewards for making these decisions. They do not get payment for deciding to deny a service or for making decisions that may make it harder to get care and services.

The prior authorization departments are available via a toll-free number from 8 a.m. to 5 p.m. Monday through Friday excluding holidays. The language line is available to assist non-English speaking callers. The prior authorization department is available to answer any questions regarding a specific prior authorization request. They can also answer general questions regarding prior authorization. Your health care provider will contact the prior authorization department on your behalf to ask questions regarding prior authorization or request a prior authorization. If you call the toll-free number after hours or on a holiday or weekend, a voice recording is available and all messages are returned the following business day.

Services Your Doctor Must Approve First
Package A members can get the full list of services on the following page. Your doctor must approve all these services.

Package C is for children. Package C members can get the full list of health care services shown on the following page. Your child must get these services from his or her doctor or through a referral from the doctor. Please read the list carefully. Some types of services have limits on how many visits your child’s benefits will cover.

Package P is for members who are “presumptively eligible” for services due to their pregnancy. This means that some health services are covered while you wait for your Hoosier Healthwise application to be approved. Package P covers pregnancy related services and prescriptions. However, Package P does not cover the delivery of your baby or “inpatient hospital care.” Hoosier Healthwise Package A covers inpatient care such as the delivery of your baby.

If you are not sure which benefit package you have, please call MDwise customer service.
To get the following services, you must call or go to your doctor first. The doctor will refer you for any treatments you need.

**Doctor Care:**
- Physical exams.
- Primary care.
- Preventive care.
- Prenatal care.
- Specialty care.

**Hospital Care:**
- Inpatient services.
- Outpatient services.
- Diagnostic studies.
- Lab tests and X-rays.
- Post-stabilization services.

**Medical Supplies:**
- Prescriptions.
- Durable medical equipment *(For Package C, up to $2,000 per year and $5,000 per lifetime).*
- Leg braces and orthopedic shoes.
- Hearing aids.
- Prosthetic devices.

**Other:**
- Immunizations (shots), health care screenings and diagnosis.
- Home health care therapy, including:
  - Physical therapy.
  - Speech therapy.
  - Respiratory therapy.
  - Occupational therapy *(For Package C, maximum of 50 visits per type of therapy, per year).*
- Renal dialysis.
- Smoking cessation.
- Transportation *(For Package C, only ambulance transportation for emergencies is covered, with a $10.00 copay).*

MDwise looks at new medical and behavioral health procedures. MDwise also looks at new drugs and equipment. To help us do this we use:
- Experts.
- Research.
- Government decisions.

This helps to decide if they are safe and should be provided for our members.
SERVICES FROM OTHER PROVIDERS FOR HOOSIER HEALTHWISE MEMBERS

Sometimes, you may need to see a provider other than your regular doctor. The next few pages explain how to do that.

Seeing a Specialist
A specialist is a doctor who treats one part of the body, like the heart, skin or bones. Your regular doctor will write you a referral if you need to see a specialist. **You must get a referral from your doctor before going to a specialist.**

MDwise will not cover specialist care unless you have a referral from your doctor. Your doctor will tell you how to get specialist care.

Self-Referral Services
The following services are “self-referral” services:

- Eye care.
- Foot care.
- Mental health and substance abuse services (See page 9 for behavioral health information).
- Chiropractor services.
- Emergency services.
- Urgent care services.
- HIV case management.
- Family planning (If your family planning provider prescribes birth control pills, you can get a 90 day supply).
- Immunizations (for example, at health department, school).
- Diabetes self-management training (if given by a self-referral provider).
- Services from a psychiatrist.

MDwise covers these services. Your doctor can help you get these services, but you do not have to go through your doctor to get them. You can go to any Hoosier Healthwise provider to get these services. Self-referral providers must get an okay from MDwise before giving you some services.

Remember, your doctor can best take care of you if you talk to the doctor before getting any kind of health care.

Services Outside MDwise
You do not have to get all of your Hoosier Healthwise services from MDwise. For some services, you can go to any Hoosier Healthwise provider. If you get these services, please let your doctor know. This helps them take care of you. The services that you may get outside of MDwise are:

- Dental services (See page 41 for dental information).
- Services for a student’s individualized education program (IEP).
- Medicaid Rehabilitation Option (MRO) services.
- Pharmacy services (See page 40 for more information).
- Services for an Individualized Family Services Plan (IFSP) or the First Steps program. You do not need your doctor’s okay for these services. But if you want, your doctor can help you find these services.

Services Not Covered By MDwise
The following services are not covered by MDwise under Package A:

- Services provided in a nursing home (long term facility).
- Services provided in an intermediate care facility for the mentally retarded (ICF/MR).
- Hospice care.
- Services under the home and community-based services (HCBS) waiver.
- Psychiatric treatment in a State hospital.
- Psychiatric Residential Treatment Facility (PRTF) services.

If you need these services, there may be programs outside of Hoosier Healthwise that can help cover these services. To learn more, call Hoosier Healthwise at 1-800-889-9949.

The following services are not covered by MDwise under Package C:

- Services provided in a nursing home (long term facility).
- Services provided in a nursing home (short term facility).
- Services provided in an intermediate care facility for the mentally retarded (ICF/MR).
- Hospice care.
• Services under the home and community-based services (HCBS) waiver.
• Case management for the following:
  1. Persons with HIV/AIDS.
  2. Pregnant women.
• Psychiatric treatment in a State hospital.
• Organ transplants.
• Over-the-counter drugs (except insulin when prescribed).

• Psychiatric Residential Treatment Facility (PRTF) services.

If your child needs these services, there may be programs outside of Hoosier Healthwise that can help cover these services. To learn more, call Hoosier Healthwise at 1-800-889-9949.

HOOSIER HEALTHWISE PHARMACY SERVICES

Medicines for MDwise Hoosier Healthwise (HHW) members are covered. You can go to any MDwise participating pharmacy that accepts Indiana Medicaid. If you have pharmacy questions or problems, please call 1-844-336-2677.

When you or your child needs medicine or over-the-counter items, your doctor will write a prescription. You can take that prescription to a participating pharmacy.

Hoosier Healthwise Members

Members who have Internet access, can go to MDwise.org/members and choose your plan, to look up a medication on the formulary. The formulary also tells you some over-the-counter medicines and vitamins that are covered.

You can also visit MDwise.org/findadoctor, then choose “Find a Pharmacy” to see a list of participating pharmacies. If you need help, you can call MDwise customer service at 1-800-356-1204.

Prescription Medicine

MDwise Hoosier Healthwise covers necessary medicines. Your doctor must prescribe these medicines. The medicine must be approved by the Food and Drug Administration (FDA). You can go to any MDwise participating pharmacy that accepts Indiana Medicaid. If you have pharmacy questions or problems, please call MDwise customer service and choose the pharmacy option. The phone number is located on the back of your ID card.

When you need medicine, your doctor will write a prescription. You can take that prescription to any MDwise participating pharmacy.

MDwise Hoosier Healthwise Package C members will have copays of $3.00 for each generic medication and $10.00 for each brand medication.
**HOOSIER HEALTHWISE DENTAL SERVICES**

MDwise uses a company called DentaQuest to provide your dental services under Hoosier Healthwise. Dental care is very important for your health and well-being. You need to have regular check-ups every six months at your dentist’s office.

**Contact DentaQuest**

For any questions regarding eligibility, finding a dentist, benefits or other questions call DentaQuest toll-free at 844-231-8310. Hours are Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-743-3333.

Below are the dental services that are covered under Hoosier Healthwise.

<table>
<thead>
<tr>
<th>Benefits Coverage Description</th>
<th>Package A Adult</th>
<th>Package A Child</th>
<th>Package C CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam and cleaning per year.</td>
<td>✓ One exam and cleaning per year.</td>
<td>✓ Two exams and cleanings per year.</td>
<td>✓ Two exams and cleanings per year.</td>
</tr>
<tr>
<td>Fluoride varnish.</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sealants.</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bite-wing x-rays once every 12 months, one complete set of x-rays every 3 years.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Restorations such as fillings and stainless steel crowns.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Endodontic procedures such as root canals.</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Periodontal care includes deep cleanings and surgical treatment for gum disease.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partial, full dentures, and repairs to partials and dentures.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Extractions.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sedation and nitrous oxide if medically necessary.</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**What’s Not Covered?**

Your dentist can tell you the full list of services covered by Hoosier Healthwise.

**Find a Dentist**

To find a participating dentist with DentaQuest, please call 844-231-8310 or visit DentaQuest.com. Have your member ID card ready when you call. You may also call MDwise customer service if you need assistance.

**Emergency Dental Care**

If you experience dental pain, call your dentist right away. Your dentist will arrange to see you as soon as possible.

**Dental Questions?**

For any questions regarding eligibility, finding a dentist, benefits or other questions, call MDwise at 1-800-356-1204, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-743-3333.
HOOSIER HEALTHWISE EYE CARE

Eye care benefits are available for Hoosier Healthwise members.

Getting Eye Care Services
To get eye care services, you can call an eye doctor (either an optometrist or ophthalmologist). Eye care exams count as a preventive service. The eye doctor must be contracted with the state of Indiana. When making an appointment be sure to ask if the office is contracted with the state of Indiana. You can search for eye care providers at MDwise.org/findadoctor. You can also call MDwise customer service and we can help.

Benefit Summary

Eye Exams
- One eye exam per year.
- One eye exam every two years.
- Additional examinations must be medically necessary.

Eyeglasses (including frames and lenses)
- One pair of eyeglasses a year.
- Repairs or replacements of eyeglasses for reasons that are beyond your control. Examples include fire, theft or a car accident.
Rides to Your Doctor

MDwise covers transportation to doctor and dentist appointments for Hoosier Healthwise Package A and in the Hoosier Healthwise plan, pregnant presumptively eligible members. You can always get transportation if you are a pregnant Hoosier Healthwise member.

MDwise covers 20 one-way rides to and from your doctor or clinic each year. You should save your trips for when you cannot get a ride any other way. If available in your area, MDwise may give you a bus pass for your trip to the doctor. A bus pass counts as two trips towards your trip limit. If there are any extra trips on the bus pass, you can use them to go to other important appointments.

You should only take an ambulance when it is a true emergency. If you think your problem could cause lasting harm or loss of life, call 911. Hoosier Healthwise Package C members can get ambulance transportation for true emergencies only, at a reduced price. The copay for each ambulance trip is $10.00.

MDwise does not cover trips to the pharmacy.

Scheduling a Ride (non-emergency)

You should call MDwise to arrange a ride the same day you make your doctor’s appointment. If you forget, you must call at least two business days before the doctor’s appointment to get a ride. For example, if your appointment is on Wednesday, you must call by Monday at the latest. Weekend days and holidays do not count. If you need an urgent trip, let us know.

WHO CAN GET TRANSPORTATION?

The following members can get rides:

- Any pregnant Hoosier Healthwise Member.
- Any member in Hoosier Healthwise Package A or Package P Plan.

TIP: Don’t forget to call for your ride as soon as you set up your doctor appointment.

If you cancel or change your appointment, call MDwise right away to cancel or change your ride.

If you have used your 20 one-way rides, or if you need transportation further than 50 miles from your home or outside of Indiana, you will need to call MDwise for prior approval for the trip. This means a nurse will need to approve the trip based on medical necessity. If this is the case, call at least three days before your appointment to schedule your transportation. That allows MDwise time to get your trip approved.

When you call for a ride, you should:

1. Schedule your appointment with your doctor or dentist before you call to schedule a ride.
2. Have your MDwise member ID card ready. You will also need to know:
   - Your address and phone number.
   - Date the ride is needed.
   - Time of the doctor appointment.
   - Name, address and phone number of the doctor or clinic.
   - Total number of passengers.
   - Time you think the visit will end.
3. Call MDwise customer service to reserve your ride. Listen carefully and pick the transportation option. You must call between 8:00 a.m. – 8:00 p.m., Monday through Friday.
4. Members must call the MDwise customer service transportation line for a return ride from their appointment, NOT the transportation company.
CHANGES YOU MUST REPORT AND DOCTOR AND
PLAN CHANGES FOR HOOSIER HEALTHWISE MEMBERS

New Address, Phone Number, Change in Income or Change in Family Size
If you move, change your phone number, have a change in your income or a change in your family size, you must let the Division of Family Resources (DFR) know. Go to www.in.gov/fssa/dfr/2999.htm. Click on “Manage Current Benefits.” Log in to the system to make your change. You can also call MDwise customer service for help.

Changing Your Plan
You can ask to change your health plan at any time if you have “just cause.” Just cause reasons are listed below.

- The health plan does not have access to medically necessary services covered.
- The health plan does not, for moral or religious reasons, cover the service that you need.
- You need related services to be performed at the same time; not all related services are available within the health plan network; and your primary medical provider or another provider believes that getting the services separately would subject you to unnecessary risk.
- The health plan is disciplined by the Office of Medicaid Policy and Planning.
- The health plan does not have providers experienced in dealing with your health care needs.
- Poor quality of care. Poor quality of care includes failing to meet established standards of medical care and significant language or cultural barriers.
- The member’s primary care provider (PMP) leaves the health plan, and the health plan cannot choose a new PMP suitable for the member’s needs.
- The health plan provides limited access to a primary care clinic or other health services within reasonable proximity to the member’s home.

If you think you have a “just cause” reason, you must first contact MDwise so that we can try to resolve your concern. If you are still unhappy after contacting us, you can contact the Hoosier Healthwise Helpline by phone at 1-800-889-9949 or by mail at:

Hoosier Healthwise
PO Box 441410
Indianapolis, IN 46244

The Hoosier Healthwise Helpline will review your request and help you obtain the form to submit the change.

If you or your family members want to stay with MDwise, you do not need to do anything. You will stay enrolled with the MDwise health plan. If you do not want to stay with the MDwise health plan, please call the Hoosier Healthwise Helpline at 1-800-889-9949 to make that change. If you do not request a change in the first 90 days, you will stay with MDwise. If you have any questions, please call MDwise customer service.

Other Insurance Plans
If you or your child has other health insurance, you must let us know. You can call MDwise or your caseworker. You must also tell us (or your caseworker) if:

- You have changes in your insurance.
- You get hurt in a car wreck.
- You get hurt at work.
- You get hurt and someone else may have to pay.

The other insurance plans are supposed to help pay for your care. By letting us know about them, you can help make sure they do. Telling us about your other insurance will not reduce your MDwise benefits.

Changing Your Doctor
If you are not happy with your health care or doctor, please call MDwise. We hope you do not want to leave MDwise. We will work with you to fix any problems you have.

We can help you change doctors. You may need to change your doctor when:

- You have moved.
- Your doctor has moved or no longer belongs to MDwise.
- You are not happy with the care you get from MDwise.
- Someone in MDwise treated you rudely.

TIP: Please call MDwise as soon as you know your new address or phone number.
This helps us tell you about special programs and important health care information.
• Your doctor does not return your calls.
• You have trouble getting the care you want or your doctor says you need.
• Other reasons - call for more information.

To change your doctor or your child’s doctor, or to ask for a list of doctors in your area, please call MDwise customer service. You can also go to MDwise.org/findadoctor to get a list of MDwise doctors.

**Important Information About MDwise Doctors**

You can find information about MDwise doctors at MDwise.org/findadoctor. This will tell you many things about doctors and other providers including practice location, phone number, if they are on a bus line, languages they speak, and more.

If you have questions about the quality of MDwise providers please ask us. You can call MDwise customer service and we can research specific doctors for you. The information we give you might include credentialing status, board certifications, licensure and accreditation information, and complaint history. You can also find quality information on facilities, such as hospitals, in the MDwise network. Go to MDwise.org/findadoctor where we have links to information about hospitals. This information is collected nationally by the Department of Health and Human Services. Remember, it is better for you or your child’s health to stay with one doctor, rather than to change doctors often.

**HOOSIER HEALTHWISE REDETERMINATION**

Hoosier Healthwise members remain enrolled in their chosen health plan for a one-year period. You are in the MDwise health plan. New members get 90 days to decide if they want to stay in the MDwise plan. After that, you will have an open enrollment period once a year. During this time you will have another chance to choose a new health plan. Once the redetermination period ends, you will stay enrolled in your chosen health plan for the rest of the 12 month period unless you lose your Hoosier Healthwise eligibility.

You can still change your health plan doctor at any time. Please see page 28 on how to change doctors. Please remember that it is better for your health to stay with one doctor than to change often.
Health Needs Screening
If you believe your child has special needs, MDwise can help. You can complete our Health Needs Screening survey. To complete the screening you answer questions about your child’s health. When you complete the survey you earn MDwiseREWARDS points.
You can also call MDwise customer service. Your representative will help you identify your child’s special needs. Children with special needs may be able to get other services.

First Steps Program
1-800-441-7837 (STEP)
The First Steps Program program provides services for children up to age three. The children must be developmentally vulnerable or have a disability. The services include:

• Screenings and assessments.
• Help accessing medical care and other resources.
• Coverage for some health care services that are not covered by Hoosier Healthwise.
• Support services.
• Family education and special training.

Children’s Special Health Care Services (CSHCS) Program
1-800-475-1355
This program provides health care services for children through age 21. The child must have a severe, chronic medical condition that does at least one of the following:

• Has lasted or is expected to last at least two years.
• OR will produce disability, disfigurement, or limits on function.
• OR requires special diet or devices.
• OR without treatment, would produce a chronic disabling condition.

A care coordinator will help you get any medical services you need. For children under three years old, they will help work with First Steps too.
Pregnancy Care

MDwise covers pregnancy care for Hoosier Healthwise and Healthy Indiana Plan members. If you are pregnant, you should see your doctor right away. You should also call MDwise customer service for important information. Regular check-ups are important for a healthy baby. Remember to keep your appointments and follow your doctor’s advice.

Care During Pregnancy (Prenatal Care)

While you are pregnant, you will go to a doctor who takes care of pregnant women. This is called an OB provider. If you need help finding an OB provider, call MDwise at 1-800-356-1204. At your first pregnancy visit, your provider will:

- Give you a physical exam.
- Tell you the date your baby will most likely be born.
- Study your medical history to look for anything that might affect your pregnancy or your baby.
- Check for any health problems that might be passed down to your baby. This is called genetic screening.

If your OB provider does not find any problems, you will usually see them:

- One time every 4 weeks for the first 28 weeks.
- One time every 2 or 3 weeks from week 28 through week 36.
- After 36 weeks, 1 time every week until you have your baby.

If you have any special medical problems, your provider may want to see you more often. If you need a specialist when you are pregnant, your doctor can refer you.

Your OB provider might do the following during visits to make sure you and your baby are healthy:

- Check your weight.
- Check your blood pressure.
- Check your urine for protein.
- Check your baby’s heart rate.
- Check the size of your womb (also called the uterus).
- Check for any bleeding or other leaking.
- Educate you on pregnancy symptoms, birth plans, newborn care and more.

Your doctor can also give you vitamins. Vitamins help keep your baby healthy during your pregnancy and help prevent birth defects. Sometime during your regular visits, the OB provider will talk to you about what pain medicine you might need during labor and delivery (birth of your baby).

Before or during pregnancy, alcohol and drugs can harm your unborn baby and can harm baby afterwards through breast milk. If you need help for alcohol or drug use, talk to your doctor. Smoking during and after pregnancy also harms your baby. Talk to your doctor to find out ways they can help you quit.

When you are pregnant, you may have changes in your mood. This is usually because of hormone changes. This normally goes away in the first week or two after you have your baby. The mood changes can last longer after you have your baby. You could be having “baby blues” or it may be more. You should talk to your provider or your care manager to find out if you need help.

Scheduled Deliveries

Scheduled deliveries are when you and your OB provider pick the day to deliver your baby. This can be done by scheduling a C-section. Or you can be admitted to the hospital and given IV medication to start your labor.

MDwise supports The American College of Obstetrics and Gynecology’s recommendations for scheduled deliveries. As a MDwise member who may be pregnant or become pregnant, we want you to know what MDwise health care providers are recommending about scheduled deliveries.

Scheduled Deliveries Recommendations

- If there is no medical reason for you to deliver before your due date, it’s best for you and your baby to wait for natural labor.
- The American College of Obstetrics and Gynecologists recommends scheduled deliveries without a medical reason should not occur before 39 weeks of pregnancy.
- If you must schedule your delivery, talk with your health care provider and make sure you are at least 39 weeks into your pregnancy.
**BLUEBELLEBEGINNINGS**

We want to help make sure your baby is born healthy so call us as soon as you know you are pregnant. We will talk to you about how your pregnancy is going. If you need extra help, we can be sure you get it. It is also very important to pick a doctor for your baby BEFORE your baby is born. We can help you pick a doctor who is right for you. We will send you important information about pregnancy and motherhood. You will also be able to earn reward points for making and keeping all of your prenatal and postpartum doctor appointments.

**Care After Pregnancy (Postpartum Care)**

It is important to go to your postpartum appointment. Your postpartum visit should be three to seven weeks after your baby is born. Your provider will assess your healing, mood and answer questions you may have at your postpartum visit. Your care manager can help you make that appointment.

**ENROLLING YOUR NEWBORN**

**Hoosier Healthwise Package A and Healthy Indiana Plan**

Every MDwise member must have a doctor, even new babies. You should pick a doctor for your baby while you are still pregnant. Then, call MDwise to tell us. Other people, like a caseworker or nurse, can help you make this choice, but you still have to call us to make the selection.

**How to Pick the Baby’s Doctor:**

1. When you are pregnant, start thinking about what doctor you want for your baby. Because you are in MDwise, you must pick a MDwise doctor for your baby too. Family, friends, and your doctor can help give good advice.
2. As soon as you pick your baby’s doctor, call MDwise to tell us your choice.
3. As soon as your baby is born, call your caseworker, your local office of the DFR, or the Document Center at 1-800-403-0864 to get a Hoosier Health ID number for the baby. Who you call depends on what county you live in.

**TIP:** It is best to pick your baby’s MDwise doctor before they are born. If you do not choose your baby’s doctor while you are pregnant, a doctor will be picked for your baby. This might not be the doctor you want, so it is better to pick one yourself. Make this important decision early.

**Hoosier Healthwise Package C**

When a Package C member is pregnant, she should call Hoosier Healthwise at 1-800-889-9949 to learn how to enroll the baby once they are born. The baby will not be automatically enrolled. You must call to sign the baby up for health benefits!

These rules also apply if your children have Package C benefits and you learn that you are going to have another baby. You must sign up each child or they won’t get benefits!

Even though you must wait until the baby is born to sign the baby up for benefits, **you or your child can pick a doctor for the baby before the baby is born.** This is very important to make sure the baby gets health benefits from the doctor you want once the baby is born.

**When you enroll the new baby, don’t forget to choose the baby’s doctor:**

1. As soon as you or your child becomes pregnant, talk with family, friends, or your doctor about any ideas they may have on a good doctor for the baby.
2. Once you pick a doctor for the baby, call MDwise customer service to tell us the choice. You can also call Hoosier Healthwise at 1-800-889-9949. Other people, like a caseworker or nurse, can help you or your child make this choice, but you will still have to call to make the selection.
3. When the baby is born, call your caseworker, your local office of the DFR, or the Document Center at 1-800-403-0864 to apply for Hoosier Healthwise for the baby.
MDwise has a number of programs for you and your family. They will help you get healthy and stay healthy. If you have questions about any MDwise programs, go to MDwise.org.

- **NURSE**on-call
- **SMOKE**-free
- **WEIGHT**wise
- **WELLNESS**chats
- **MS. BLUEBELLE’S** club for kids
- **RIDEd**wise
- **HLP**link
- **TEEN**connect
- **IN**control
- **BLUEBELLE** beginnings
- **WORK**wise
DISEASE MANAGEMENT

MDwise has special resources and tools for members with certain health conditions. These resources and tools are used towards MDwise’s Population Health Management efforts and support our Population Health Management Strategy. We call these resources and tools INcontrol. These resources and tools help with conditions like:

- Chronic Obstructive Pulmonary Disease (COPD), also called “smokers lung.”
- Asthma.
- Diabetes.
- Heart Disease.
- Depression.
- High Blood Pressure.
- Heart Failure.
- Autism and other similar disorders.
- ADHD.
- Pregnancy (BLUEBELLEbeginnings).
- Chronic Kidney Disease.
- Post-Traumatic Stress Disorder (PTSD).

MDwise INcontrol can help you learn more about your condition, and how to best work with your doctor. A MDwise care manager will work with you to help you take care of your condition. You are the most important part of getting better. **Actions you take to care for your condition matter the most.**

- You will be walked through basic information about your condition.
- You will be taught about testing you should get done that you and your doctor may have forgotten about.
- You will learn steps you can take to prevent your condition from getting worse.
- You will learn how to take care of yourself.
- We will help you keep appointments with your doctor.
- We will help you talk to your doctor about things you learned in the INcontrol program to help you stay INcontrol of your condition.

MDwise members are eligible to participate if they have any of the conditions listed above. We may contact you by telephone, messages, emails or mail. You are automatically enrolled in the program when MDwise receives a claim from your doctor telling us that you have the condition. A MDwise care manager may contact you to begin working with you and your doctor. They will help you follow the doctor’s advice and start you off on a path of being INcontrol of your health.

If you have been newly diagnosed with a condition, or would like to talk to one of our care managers to use these services, please call MDwise customer service. If you are contacted by one of our care managers and do not wish to participate you can simply opt out of the program at that time. You can also call MDwise customer service.

**BLUEBELLEbeginnings** is a special program for pregnant members. If you are pregnant and have been told your pregnancy is high-risk, or that you may have complications, please call MDwise customer service. We will ask you a few questions about your pregnancy. This information will be sent to a social worker or nurse who may contact you to offer help with any pregnancy problems.

**NURSEon-call**

Sometimes you have questions about your health. Call our 24-hour phone line to speak with a nurse, not a recorded message. **Call customer service and choose option #1 and then option #4.** If you are a HIP member and NURSEon-call tells you to go to the emergency room you will not have to pay a copay for that visit.

**SMOKE-free**

Are you a smoker, or do you use tobacco in other ways? Do you want to quit? MDwise can help. First, it is very important that you talk to your doctor about quitting. Your doctor can help. There are over-the-counter and prescription medicines that might help you. Many of these are covered. Your doctor can help decide what is right for you. You are also eligible for tobacco cessation counseling services. Your doctor can provide tobacco cessation counseling or refer you to someone else who can. Go to [MDwise.org/wellness/smokefree](http://MDwise.org/wellness/smokefree) for tools and information to help you quit.

There is a program called The Indiana Tobacco Quitline. They have trained “Quit Coaches” who can help you stop using tobacco. Please call [1-800-QUIT NOW](tel:1-800-784-8669) or go to [in.gov/quitline](http://in.gov/quitline).
CARE MANAGEMENT PROGRAM

MDwise wants to help you stay healthy. MDwise members may be eligible for Population Health Management services through the Care Management department. Population Health Management is a way we try to help you have better health and quality of life by talking with you, sending you materials or sending you texts about ways to stay healthy.

The MDwise care management program can help you manage your health conditions. MDwise care managers help you and your doctor plan for your care. As your needs change, the level of care management will change. Care management will help you become more independent and able to manage your own health care needs. MDwise care managers can help you with mental health and physical conditions.

MDwise care managers can help you make goals for your health. They work with you, your doctors, family and caregivers to do this. They want you to make the best choices for your health. Care managers can help you understand your health conditions and how to best manage them. Care management also assists you with:

- Understanding your condition.
- Understanding your medications.
- Getting supplies and equipment you need.
- Finding care from special doctors.
- Getting information about your condition.
- Scheduling appointments.
- Talking to doctors about your condition(s) and how you are doing.
- Getting help from other organizations.

You, your provider, family members or caregivers can all request care management by completing an online referral form or by calling customer service. The online referral form is located at MDwise.org/cmdm-referral and MDwise customer service can be reached at 1-800-356-1204. Once MDwise receives your request, a care manager will contact you and you can discuss your needs or the needs of the person requesting care management. If you agree, we may contact you by telephone, messages, emails, mail or in person (for certain services) to tell you how to use the services. You may also opt out by calling or writing to us.

RIGHT CHOICES PROGRAM

The Right Choices Program (RCP) is a MDwise care management program for people who need help using their health care benefits. People in the Right Choices Program can be sure to get good health care because each person has a team to help manage their health care.

Who makes up your Right Choices Program team?

- One primary medical provider (PMP).
- One pharmacy.
- A MDwise care manager.
- You.

The team will help decide when, where, and how you will get medical care.
MDwise has a rewards program for Hoosier Healthwise and Healthy Indiana Plan members. By completing the following activities, you can earn points to get FREE gift cards. Some of these activities will apply to you. Some of them will not.

- Sign up for myMDwise.
- Answer questions about your health (Health Needs Screening).
- HIP Members: Sign up to get your HIP monthly statements through myMDwise.
- Get your yearly physical exam or check-up.
- Get a cervical cancer screening (Pap test).
- Get your annual mammogram.
- Complete HbA1c annual screening if you have diabetes (special blood sugar test).
- Go to all of your prenatal appointments.
- Go to your postpartum exam.
- Get all required well-child exams.
- Get a lead screening (ages 6 months–2 years).
- Complete a tobacco cessation program.

All members have a chance to earn points and then shop for a reward once you have completed the activity. You can go to MDwise.org/MDwiseREWARDS to see what gifts you can choose from and the number of points you need to get them. You can also log onto the MDwise member portal and check your points as often as you like. Or, you can call MDwise customer service. A representative can tell you the number of points that you have, mail you a list of gifts to choose from and place an order for you.

Here are some rules that must be followed to earn and redeem points:

1. You or your child must be a MDwise Hoosier Healthwise or Healthy Indiana Plan member at the time you receive the service or perform the action.
2. You or your child must be a MDwise Hoosier Healthwise or Healthy Indiana Plan member at the time you redeem your points and earn your reward.
3. If you only have coverage during your pregnancy, you can still redeem your points for up to six months after your pregnancy is over. This can happen even if you are not eligible for a different MDwise program following your pregnancy. You may need to call MDwise customer service in order to redeem your points.
4. Each member can only redeem up to $300 worth of points each year. This means that the most you can earn is a $300 reward each calendar year.
5. Points you earn for each activity will expire 2 years from the date of that activity. For example, if you get your annual physical exam on July 1 of this year you will earn 10 points. The 10 points for that visit will expire on July 1 two years from now. You must use these points before they expire or you will lose them.
6. It is your responsibility to be sure we have your correct address at all times. If we send a card to you at the wrong address we will not resend that card. We will only resend it to you if it is returned to us in the mail.
7. Sometimes your points will not show up right away. Many of the points you can earn depend on your doctor sending us the claim or the bill for that service. This sometimes takes several months. Please be patient!
8. MDwise reserves the right to change the MDwiseREWARDS program at any time. We will keep the website updated with any changes.

For HIP members only:

1. For HIP members who choose the POWER Account contribution option as their reward, these funds will go toward your payment to stay in the HIP Plus plan. The Plus plan has more benefits like dental and vision coverage. You also do not have co-pays with HIP Plus. If you choose this, MDwise will put this toward your yearly payment. That means you may owe less or nothing at all, depending on how much your yearly payment is.
2. If you do not actively use your points, we may offer to apply your unused points to help pay your POWER Account. We will send you a letter asking you if you want to do this. This will move you into the HIP Plus Plan, or help you pay your monthly contribution to stay in Plus. HIP Plus has extra benefits, like dental and vision.
Special Services

MDwise has several ways to help us talk with special needs members. Instructions are shown below.

HEARING AND SPEECH IMPAIRED MEMBERS

1. Call the Relay Indiana Service at 1-800-743-3333. You can also dial “711.” This number can be used anywhere in Indiana.
2. Ask them to connect you to MDwise customer service.

LANGUAGE ASSISTANCE

1. MDwise has customer service representatives who can talk to members in other languages.
2. The customer service representatives can also get an interpreter on the line if needed. The customer service representative and the interpreter will both help answer your questions.

INTERPRETATION SERVICES

MDwise doctors can talk to you in Spanish or other languages, including sign language. This is a free service. It is available to you 24 hours a day, 7 days a week by phone and at doctor visits. You or your doctor can call MDwise customer service and these services will be arranged for you.

IF YOU NEED INFORMATION IN OTHER WAYS

If you need your member handbook and other MDwise information in other ways let us know. Please contact us if you need the information in larger print, Braille, on an audiocassette, etc.

ADVANCE DIRECTIVES

Advance directives are documents you can complete to protect your rights for medical care. They can help your family and doctor understand your wishes about your health care.

You can:

- Decide right now what medical treatments you want or don’t want.
- Give someone the power to act for you in a lot of situations, including your health care.
- Appoint someone to say yes or no to your medical treatments when you are no longer able.
- Inform your doctor, in advance, if you would or would not like to use life support systems, if ever necessary.
- Inform your doctor if you would like to be an organ donor.

Types of advance directives recognized in Indiana include:

1. Talking directly to your doctor and family.
2. Organ and tissue donation.
3. Health Care Representative.
4. Living Will Declaration or Life-Prolonging Procedures Declaration.
5. Psychiatric advance directives.
6. Do Not Resuscitate Declaration and Order (out of hospital).

Advance directives will not take away your right to make your own decisions. Advance directives will work only when you are unable to speak for yourself. MDwise cannot refuse care or discriminate against members based on whether they choose to have, or not to have, an advance directive. MDwise is required to follow State and Federal laws. Your MDwise doctor should document whether or not you have executed an advance directive in your medical record.

If you have concerns a MDwise organization or provider is not meeting advance directive requirements, call MDwise customer service.
WHAT TO DO IF YOU NEED HELP WITH A PROBLEM

The quality of service you get from MDwise is important to us. If you have a concern or are not satisfied, call MDwise customer service. You must do this within 60 days of when the problem occurred.

If you are dissatisfied with a service you receive, a MDwise customer service representative will file a grievance. The customer service representative will try to solve your concerns right away. We will follow up with a letter within 30 business days.

In an emergency, grievances will be handled quickly. This is called an “expedited” grievance. If your case can be expedited, we will review your case and notify you of a decision within 2 business days.

Filing an Appeal

If you do not agree with a decision you get, you have the right to ask for further review of the problem. This is called an “appeal.” You can file an appeal about any health care decisions. Someone, like your doctor, can do this on your behalf if you want them to.

You must file an appeal within 33 days of the date that the decision was made. When you file an appeal, you may be able to continue getting a service that has been denied. This can only happen if you are getting those services already. If MDwise decides that the services will not be authorized, you will have to pay for those services. Ask us about continued services if this is important to you.

How to File an Appeal:

Step 1. Submit your appeal
You must write a letter. You can call the MDwise customer service department for help writing your letter. When you write a letter, you should include the following:

- Date and description of the service that was denied.
- Additional information that can help in our review.
- You must sign the letter.

Keep a copy of these papers for yourself. Then, send us the original at:

MDwise Customer Service Department
Attn: Appeals
P.O. Box 44236
Indianapolis, IN 46244-0236

Your appeal must be filed within 33 calendar days of receiving a denial letter. You may ask someone else to file an appeal on your behalf. For example, you can ask your doctor to file an appeal on your behalf. You may also send in written comments or information.

The MDwise Appeals Panel will review your issue. MDwise will send you a letter with the date and time the Appeals Panel will meet. You can speak to the panel if you want. You can also have someone else speak for you. This can be done in person or by telephone. MDwise will send you a letter with an answer to your appeal within 25 working days from the time we receive your appeal. You have a right to review copies of documents that are related to your appeal. This includes records that we used in making our decision such as a benefit information, state rule or guideline. Please call us if you want to review these records. We will provide copies of this information free of charge upon request.

Step 2. Request an external appeal review
If you do not agree with the MDwise Appeal Panel decision, you may request an external appeal review. There are two options for an external appeal review. You may choose (1) an external review by a State Fair Hearing panel or (2) an external review by an Independent Review Organization. If you choose the Independent Review Organization option first, you may still request a State Fair Hearing if the Independent Review Organization upholds the denial.

For a State Fair Hearing

You must request the State Fair Hearing within 33 business days of the MDwise appeal decision letter. To request a State Fair Hearing, you must contact the State directly and in writing at:

MS04
Indiana Family and Social Services Administration
Office of Family Resources
402 W. Washington St. RM W392
Indianapolis, IN 46204
Attn: Hearing and Appeals

The State Fair Hearing Department will respond to you directly regarding your request. You can choose to attend the State Fair Hearing yourself or send a representative on your behalf. Once a decision is made, you will be notified of the outcome. If the State Fair Hearing finds in your favor, MDwise will authorize the denied services promptly.
For an Independent Review Organization
You must request an external grievance review by an
Independent Review Organization within 45 calendar days
of the MDwise appeal denial letter to:

MDwise Medical Management
Attn: Appeals
P.O. Box 441423
Indianapolis, IN 46244

The decision made by the Independent Review
Organization is binding and MDwise will authorize the
service promptly if the decision is made in your favor.
If at any time, you have questions about the MDwise
internal appeal panel process or either the State Fair
Hearing and/or Independent Review Organization process,
please call MDwise customer service for help.

Step 3
If you selected an Independent Review Organization
external review and their decision is not in your favor, you
may then request a State Fair Hearing Panel. You must
request the State Fair Hearing within 33 business days of
the MDwise appeal decision letter.

To request a State Fair Hearing, see “For a State Fair
Hearing” section.

Other notes: In an emergency, appeals will be handled
quickly. This is called an “expedited” appeal. If your case can
be expedited, we will review your case and notify you of a
decision within 72 hours. Call MDwise customer service to
see if this can be done.

WHAT TO DO IF YOU NEED TO CONTACT CUSTOMER SERVICE

We want to answer all your questions about your MDwise
Hoosier Healthwise or Healthy Indiana Plan. If you have any
complaints, we are here to help fix the problem. We want
you to get the best health care and service possible.

There is a MDwise representative who can help you
8:00 a.m. to 8:00 p.m. (EST), Monday through Friday.
We are closed on major holidays. After hours you will
reach an automated message. Please leave your name and
number and you will get a call back. If you need to speak to
someone about your health, you can call the NURSEon-call
line 24 hours a day, 7 days a week and someone will
assist you.

You can contact us with any questions or concerns on our
website at MDwise.org/contactus. You can also look on our
website for the news and information you need about your
MDwise plan.

We want to provide high quality service to you. So, here is
our promise to you:
• If you have a problem, we will be here to listen.
• We will do our best to fix the problem for you.

Please call us at 1-800-356-1204 or 317-630-2831 in the
Indianapolis area if you have good or bad comments.
WHAT TO DO IF YOU GET A MEDICAL BILL

MDwise only pays your provider for the covered services you get. With the exception of copays you must pay for HIP Basic and HIP State Plan Basic, a provider cannot require you, your relatives or others to pay additional charges for these covered services.

Health care providers generally cannot bill Hoosier Healthwise or Healthy Indiana Plan members unless it is for a non-covered service.

If you do get a bill for health care services, take care of it right away by following the steps below. Otherwise, it may be sent to a collection agency.

- Contact your health care provider to make sure they know you are on the MDwise Plan.
- Make sure the charge is not your copayment. Copayments may be billed. For a list of copayments, go to page 13 and find the copayments for your plan.
- If the bill is not your copayment or the copayment is wrong, contact MDwise. Make sure that you have the bill in your hand.

Providers know the limits placed on their services. The provider must tell you if MDwise does not cover a service before the service is provided.

A provider may charge you for services that are not covered by MDwise if:

- The provider told you before providing the services that the services are not covered.
- You agreed to pay for the service in writing.

Remember to take your member ID card with you to all health care appointments and show it to the office staff.
Learn More About...

FRAUD AND ABUSE

You can report fraud and abuse by calling MDwise customer service. You do not have to give your name. If you do, the provider or member will not be told that you called.

Examples of health care provider fraud and abuse are:

- Billing or charging you for services that MDwise covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment or supplies in exchange for use of your Hoosier Healthwise or Healthy Indiana Plan number.
- Giving you treatment or services that you do not need.
- Physical, mental or sexual abuse by medical staff.
- Billing or charging for a treatment, service or supply that is different than what you received.

Examples of member fraud and abuse are:

- Members selling or lending their identification cards to people not covered by Hoosier Healthwise or the Healthy Indiana Plan.
- Members abusing their benefits by seeking drugs or services that are not medically necessary.

Help MDwise Stop Fraud and Abuse

- Do not give your member ID card or MDwise card number to anyone. It is okay to give it to your doctor, clinic, hospital, pharmacy, Hoosier Healthwise, Healthy Indiana Plan or MDwise customer service.
- Do not let anyone borrow or use your member ID card.
- Do not ask your doctor or any health care provider for medical care that you do not need.
- Work with your primary doctor to get all of the care that you need.
- Do not share your Hoosier Healthwise, Healthy Indiana Plan or other medical information with anyone except your doctor, clinic, hospital or other health provider.

If you have questions or concerns about fraud and abuse, call MDwise customer service.

MDWISE COMMITMENT TO QUALITY CARE

MDwise is always looking for new ways to help you improve your health. All MDwise members deserve health services that are high quality, safe, and culturally appropriate. To make sure this happens, the MDwise quality program reviews on care and services members get throughout the year. The quality program reviews:

- Members getting services they need.
- Members getting service when they need it.
- Responses from our member satisfaction surveys.

These reviews help us work closely with our doctors to make any needed changes. These reviews also help us know what information our members need from us.

A copy of the MDwise quality improvement program is available on our website at MDwise.org. You may also call MDwise customer service and request a printed copy.
MDwise Has Special Certification

MDwise Hoosier Healthwise and Healthy Indiana Plan are certified by the NCQA (National Committee for Quality Assurance). This means MDwise passed a review on quality standards and performance measures for Medicaid health plans. The NCQA evaluation is recognized throughout the country. We want to make sure we give our members the best care. This shows our commitment to quality. You will see a special seal on many MDwise materials you receive. Only health plans that have passed the review can use this seal.

Member Surveys and Outreach

Your opinions are very important to us. MDwise conducts a member satisfaction survey every year. These surveys are first sent by mail. A follow-up call is made if we do not get a response in the mail. This survey helps MDwise know how we can be the best health plan possible. It helps us know what we are doing well and where we need to improve.

MDwise members may also get phone calls from MDwise. One type of call might be to check on your health needs. Your answers help MDwise know which programs might be right for you. Another type of call might remind members about important preventive care. Any MDwise caller will tell you right away who they are and why they are calling.

If you have questions at any time about these calls or the survey, please call MDwise customer service.

YOUR RIGHTS AND RESPONSIBILITIES

MDwise provides access to medical care for all its members. We do not discriminate based on your religion, race, national origin, color, ancestry, handicap, sex, sexual preference or age.

Medical care is based on scientific principles. We provide care through a partnership that includes your doctor; MDwise, other health care staff and you—our member.

Your Rights and Responsibilities MDwise is committed to partnering with you and your doctor. We will:

- Treat you and your family with dignity and respect.
- Maintain your personal privacy. Keep your medical records confidential as required by law.
- Give you a clear explanation of your medical condition. You have a right to be part of all your treatment decisions. If you understand the options, you can better decide if you want a certain treatment. Options will be discussed with you no matter what they cost or whether they are covered as a benefit.
- Provide you with information about MDwise, its services, its doctors and your rights and responsibilities.

In addition, YOU have the right to:

- Change your doctor by calling the MDwise customer service department.
- Appeal any decisions we make about your health care. You can also complain about personal treatment you get.
- Get copies of your medical records or limit access to these records, according to state and federal law.
- Amend your medical records that we keep.
- Get information about your doctor.
- Request information about the MDwise organization and operations.
- Refuse care from any doctor.
- Ask for a second opinion.
- Make complaints about MDwise, its services, doctors and policies.
- Get timely answers to your complaints or appeals.
- Take part in member satisfaction surveys.
- Prepare an advance directive.
- Get help from the Indiana Family and Social Services Administration (FSSA) about covered services, benefits or complaints.
- Get complete benefit information. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.
- Request information about our physician incentive plan.
- Be told about changes to your benefits and doctors.
- Be told how to choose a different health plan.
- Health care that makes you comfortable based on your culture.
Choose to opt-out of managed care if you are a Native American or Alaskan Native.

Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, in accordance with Federal regulations. This means that your doctor cannot restrain or seclude you because it is the easiest thing to do. The doctor cannot make you do something that you do not want to do. The doctor cannot try to get back at you for something that you may have done.

When you exercise these rights, you will not be treated differently.

Provide input on MDwise member rights and responsibilities.

Participate in all treatment decisions that affect your care.

If MDwise closes or becomes insolvent, you are not responsible for our debts. Also, you would not be responsible for services that were given to you because the State does not pay MDwise, or that MDwise does not pay under a contract. Finally, in the case of insolvency, you do not have to pay any more for covered services than what you would pay if MDwise provided you the services directly.

YOU are responsible for:

- Contacting your doctor for all your medical care.
- Treating the doctor and their staff with dignity and respect.
- Understanding your health problems to the best of your ability and working with your doctor to develop treatment goals that you can both agree on.
- Telling your doctor everything you know about your condition and any recent changes in your health.
- Telling your doctor if you do not understand your care plan or what is expected of you.
- Following the plans and instructions for care that you have agreed upon with your doctor.
- Keeping scheduled appointments.
- Notifying your doctor 24 hours in advance if you need to cancel an appointment.
- Telling us about other health insurance that you have.

IMPORTANT TIP:
If you do not follow your doctor’s advice, this may keep you from getting well. It is your job to talk with your doctor if you have any questions about your medical care. **Don’t ever be afraid to ask your doctor questions.** It is your right.

CASE MANAGEMENT MEMBER RIGHTS AND RESPONSIBILITIES

MDwise members have the right to:

1. Have information about MDwise programs. Have information about MDwise staff.
2. Choose not to participate in MDwise programs or services.
3. Know the staff members responsible for your case management services. Know how to change your case manager.
4. Have MDwise support when making health care decisions.
5. Know all the case management services that are available. Discuss these services with your provider.
6. Have your medical information kept safe. Know who has access to your information. Know how MDwise keeps your information safe.
7. Be treated with respect by MDwise staff.
8. Communicate a complaint to MDwise. Know how to file a complaint. Know how long it takes to get an answer to your complaint.
9. Have information that you can understand.

MDwise members are expected to:

1. Follow MDwise advice.
2. Give MDwise the right information so we can give you the services you need.
3. Let MDwise and your treating provider know if you leave the MDwise program.
### OTHER LANGUAGE RESOURCES

<table>
<thead>
<tr>
<th>Language</th>
<th>Language Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>If you, or someone you’re helping, has questions about MDwise, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-356-1204.</td>
</tr>
<tr>
<td>Spanish Español</td>
<td>Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de MDwise, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-356-1204.</td>
</tr>
<tr>
<td>Chinese 中文</td>
<td>如果您，或是您正在协助的对象，有关于MDwise方面的问题，您有权利免费以您的母语得到帮助和资讯。洽询一位翻译员，请拨电话（在此插入数字）1-800-356-1204.</td>
</tr>
<tr>
<td>German Deutsche</td>
<td>Falls Sie oder jemand, dem Sie helfen, Fragen zum MDwise haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-356-1204 an.</td>
</tr>
<tr>
<td>Burmese</td>
<td>သင္သို႔မဟုတ္သင္ကူညီေနသူတစ္ဦးဦးက MDwise ႏွင့္ပတ္သက္၍ ေမးခြန္းရွိလာပါက ကုန္က်စရိတ္ ေပးရန္မလိုဘဲ မိမိဘာသာစကားျဖင့္အကူအညီရယူႏိူင္သည္။ စကားျပန္ႏွင့္ေျပာလိုပါက 1-800-356-1204သို႔ ေခၚဆိုပါ။.</td>
</tr>
<tr>
<td>Arabic</td>
<td>اذن فين، أو أحد الذين تساعدونهم، عن MDwise، فإن لديك الحق في الحصول على مساعدة وتعليمات مجانية باللغة التي تفضل بها. للحوار مع الترجمة، اتصل على الرقم 1-800-356-1204.</td>
</tr>
<tr>
<td>Korean 한국어</td>
<td>만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MDwise 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-356-1204 로 전화하십시오.</td>
</tr>
<tr>
<td>Vietnamese Tiếng Việt</td>
<td>Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MDwise, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-356-1204.</td>
</tr>
<tr>
<td>French Français</td>
<td>Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de MDwise, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-356-1204.</td>
</tr>
<tr>
<td>Japanese 日本語</td>
<td>ご本人様、またはお客様の身の回りの方でも、MDwiseについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかかりません。通訳とお話される場合、1-800-356-1204までお電話ください。</td>
</tr>
<tr>
<td>Dutch Nederlands</td>
<td>Als u, of iemand die u helpt, vragen heeft over MDwise, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel 1-800-356-1204.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MDwise, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-356-1204.</td>
</tr>
<tr>
<td>Russian Русский</td>
<td>Если у вас или лица, которому вы помогаете, имеются вопросы по поводу MDwise, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-356-1204.</td>
</tr>
<tr>
<td>Punjabi ਪੰਜਾਬੀ ਦੇ ਦੇ</td>
<td>ਨੇ ਉਸੂੰ, ਨੇ ਉਸੂੰ ਨਾਮ ਦੀ ਹੋ ਭਾਵ ਬਣੇ ਦੇ ਲੇ ਜਦਕਵੇ ਤੋਂ ਸੰਬੰਧ ਉੱਤੇ ਅਧਿਕਾਰ ਦੀ ਸ਼ਕਾਤ ਲਈ MDwise ਦਾ ਖ਼ਬਰ ਲਿਆ ਜਾਂ ਉਸਾਰਾਂ ਦੇ ਹੋ ਭਾਵ ਬਣੇ ਦੇ ਲੇ ਉਸੂੰ, 1-800-356-1204 ਉੱਤੇ ਕਾਲ ਕਰੇ।</td>
</tr>
<tr>
<td>Hindi हिंदी</td>
<td>यदि आपके, या आप द्वारा सहायता करने का जर ure कस्तिं कस्तियां के MDwise के बारे में प्रश्न है, तो आपके पास अपनी भाषा में समझा और सुचित पुस्तिकाओं के अनुसार करने का अधिकार है। कस्तिंट दुःखियों से बात करने के लिए, 1-800-356-1204 पर कॉल करें।</td>
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</table>
## NONDISCRIMINATION

**Discrimination is Against the Law**

MDwise complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MDwise does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### MDwise

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact 1-800-356-1204. TDD/TTY: 1-800-743-3333 or 711.

### If you believe that MDwise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

<table>
<thead>
<tr>
<th>MDwise Hoosier Healthwise</th>
<th>Hoosier Healthwise Fax: 1-877-822-7190</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 441423</td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46244-1423</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MDwise Healthy Indiana Plan</th>
<th>Healthy Indiana Plan Fax: 1-877-822-7192</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 44236</td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46244-0236</td>
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</tbody>
</table>

You can file grievance in person or by mail, fax or email. If you need help filing a grievance, please contact member services.

Phone: 1-800-356-1204
Email: compliance@mdwise.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail, phone, fax, or email at:

Phone: 1-800-368-1019
TDD/TTY: 1-800-537-7697

NOTICE OF PRIVACY PRACTICES

THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF MDWISE, INC. AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dear MDwise Member,

MDwise cares about your privacy and we protect your privacy rights. This Notice tells you about your privacy rights and how to get a copy of your medical information we keep. Please call us at 1-800-356-1204 or 317-630-2831 in the Indianapolis area if you have questions about this notice. When you call, ask for the Privacy Officer.

Wishing you good health,
MDwise

Summary of Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment, and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

We will not otherwise use or disclose your medical information without your written authorization. You have the right to examine and receive a copy of your medical information, to receive an accounting of certain disclosures we may make of your medical information, and to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices. For the purpose of this notice, the terms medical information or health information shall include race, ethnicity, and language preference information collected by MDwise.

Our Legal Duty

MDwise uses many methods to protect your oral, written and electronic health information from illegal use or disclosure.

We are required by law to:

- Keep your health information private.
- Provide you with this notice and follow the rules listed here.
- Inform you if we cannot agree to limit how we share your information.
- Agree to reasonable requests to contact you by alternative means or at alternative locations.
- Get your written approval to share your health information for reasons other than those listed above and permitted by law.

MDwise employees and all the physician and providers in our network know your information is private and confidential. We use training programs for our employees and policies and procedures supported by management oversight to ensure that our employees know the procedures they need to follow to make sure that your information—whether in oral, written or electronic format—is secure and safeguarded. We also have vendors sign Business Associate Agreements that clearly outline their requirement to protect your information and our expectations concerning protecting your oral, written or electronic health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send you a new notice within 60 days of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosures of Medical Information

We will use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.
Payment: We may use and disclose your medical information, without your permission, to determine eligibility, process claims, or make payment for covered services you receive under your benefit plan. Also, we may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include, for example, health care quality assessment and improvement activities and general administrative activities.

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan’s or provider’s health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person’s involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts. Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services and Appointment Reminders: We may contact you to remind you of appointments. We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services, that we provide or include in our

Individual Rights

Access: You have the right to examine and to receive a copy of your medical information in paper or electronic format, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact us using the information at the end of this notice for information about our fees.
Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of that health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Right to Obtain a Paper Copy: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

Questions and Complaints
If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights’ Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: MDwise
Attention: Privacy Officer
Telephone: 1-800-356-1204 or 317-630-2831
E-mail: legal@MDwise.org
Hoosier Healthwise Address: P.O. Box 441423, Indianapolis, IN 46244-1423
Healthy Indiana Plan Address: P.O. Box 44236, Indianapolis, IN 46244-0236