Welcome to Your Hoosier Healthwise and HIP Health Plan

Member Handbook

What’s Inside:

• Services covered by MDwise
• POWER Account information for HIP members
• How to pick a hospital and doctor
• Pharmacy and prescription coverage
• myMDwise for 24/7 health information
• MDwiseREWARDS
• What to do if you have a problem
Dear MDwise Member,

Welcome to Hoosier Healthwise or the Healthy Indiana Plan. You will get your health care benefits from this plan. You will get information for you and your family about MDwiseREWARDS and extra services besides health care.

Now that you’re a member, you should always remember these basic rules:

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. For HIP members who do not pay the affordable monthly POWER Account contribution, you will lose the best value coverage. That includes losing vision and dental services and no copays except for improper emergency room use. See page 23 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.

Thank you!
Wishing you good health,
MDwise customer service

Questions? Visit MDwise.org. You can also call MDwise customer service at 1-800-356-1204 or 317-630-2831 in the Indianapolis area.

Hearing and Speech Impaired
Call Relay Indiana Service at 1-800-743-3333. You can also dial “711.” This number can be used anywhere in Indiana.

What is 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 MDwiseREWARDS.
• 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.

myMDwise Mobile 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.
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Always call your doctor first when you need medical care. Your doctor has someone who can help you 24 hours a day.

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.

If you don’t know who your doctor is or want to change your doctor, call MDwise customer service at 1-800-356-1204.
Getting Medical Services

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 36. HIP members see page 38.

Some PMPs work with other trained health care professionals. These include:

• Nurse Practitioners
• Physician Assistants
• Medical Residents

These providers can do many 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

You should call your doctor whenever you need care.

Visit 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 service area, even if the center is not in the MDwise network.

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 to get. This is also a good way to get to know your new doctor so he or she can take better care of you—before an emergency happens!
**Hospitals**

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.

**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

However, 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.

**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.

**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 23–24.

**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. He or she 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.

**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.
Staying Healthy

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 will 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, 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. For HIP members, this will not be taken out of your POWER Account. If you get any preventive service 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.

The following chart lets you know what care or screening you may need for someone your age and gender. Your PMP will also know what preventive services you need.

<table>
<thead>
<tr>
<th>Preventive Care Service</th>
<th>Male age 19–20</th>
<th>Female age 19–20</th>
<th>Male age 21–34</th>
<th>Female age 21–34</th>
<th>Male age 35–49</th>
<th>Female age 35–49</th>
<th>Male age 50+</th>
<th>Female age 50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Physical Exam</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Blood Glucose Screening*</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Tetanus-Diptheria Booster</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Pap Smear*</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV Vaccine**</td>
<td>✔</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol Testing*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening Mammogram*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu Shot*</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Pneumococcal vaccine*</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Dental Exams***</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Eye Exams***</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

*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.

*Annual or as instructed by your doctor based on your disease/history specific condition
**Males should get the Gardasil HPV vaccine; Females should get either the Gardasil or Cervarix HPV vaccine.
***For HIP members, if coverage is included in your HIP plan. See page 27 to see if dental is covered in your plan and page 28 to see if vision is covered.
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 for medical problems early and as they grow. These check-ups help to make sure your child is growing up healthy. If the doctor finds a problem, it is treated and watched. EPSDT services are a covered benefit for HIP members ages 19 and 20. These services are 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:

- 3–5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months*
- 18 months
- 24 months
- 30 months
- 3 years
- Every year age 4–20

* Your baby should have this check-up BEFORE she turns 15 months old.

EPSDT check-ups include:
- Medical history and physical exam
- Growth and development checks (social, personal, language and motor skills)
- Vision screens
- Hearing screens
- Dental screens
- Nutrition
- Lab tests including blood lead level
- 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 all of the EPSDT visits.

Lead Poisoning Screening
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

High lead levels in pregnant women can harm their unborn children.

Talk to your doctor about lead screening. Lead poisoning is a common health problem. Every MDwise child should be tested for lead. Children should be screened with 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 screened at 12 and 24 months. If you are pregnant, you should also talk to your doctor to see if you have been exposed to lead.
Immunizations (shots)
Immunizations are shots that help the body fight disease. Children will receive immunizations (shots) during some of the EPSDT checkups. Children must have all the shots they need before they can start school. Check with your child’s doctor to be sure that your child has all the needed shots.

The following is the recommended childhood and adolescent immunizations schedule.

<table>
<thead>
<tr>
<th>Range of recommended ages</th>
<th>WHAT THESE ABBREVIATIONS MEAN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hep B = Hepatitis B</td>
</tr>
<tr>
<td>1 month</td>
<td>DTaP = diphtheria, tetanus, pertussis</td>
</tr>
<tr>
<td>2 months</td>
<td>Hib = Haemophilus influenza type b</td>
</tr>
<tr>
<td>4 months</td>
<td>IPV = inactivated polio</td>
</tr>
<tr>
<td>6 months</td>
<td>VAR = varicella (chicken pox)</td>
</tr>
<tr>
<td>9 months</td>
<td>MMR = measles, mumps, rubella</td>
</tr>
<tr>
<td>12 months</td>
<td>HepA Series</td>
</tr>
<tr>
<td>15 months</td>
<td>PCV = pneumococcal</td>
</tr>
<tr>
<td>18 months</td>
<td>Flu (yearly)</td>
</tr>
<tr>
<td>19–23 months</td>
<td>Tdap booster</td>
</tr>
<tr>
<td>2–3 years</td>
<td>HPV = human papilloma vaccine</td>
</tr>
<tr>
<td>4–6 years</td>
<td>HepA = hepatitis A</td>
</tr>
<tr>
<td>7–10 years</td>
<td>Flu = influenza</td>
</tr>
<tr>
<td>11–12 years</td>
<td>MCV4 booster</td>
</tr>
<tr>
<td>13–18 years</td>
<td>MCV4 = meningococcal</td>
</tr>
</tbody>
</table>

This may seem like a lot of shots, but the shots are needed to prevent disease. The visits also help the doctor make sure your child is growing and learning on schedule. If you are not sure if your child needs a shot, please talk to your child’s doctor right away. Your doctor can also tell you what to do if your child misses a shot.
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. 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 see him or her:

• 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 will do the following during each visit:

• Check your weight
• Check your blood pressure
• Check your urine protein
• Check your baby’s heart rate
• Check the size of your womb (also called the uterus)
• Check any vaginal bleeding or leaking of fluid you might have

Your doctor can also give you vitamins. They 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. If you need help for alcohol or drug use, talk to your doctor. Smoking during pregnancy can also harm your baby. Talk to your doctor to find out ways he or she can help you quit.

Scheduled Deliveries

Scheduled deliveries are when you and your health care 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 recommend that 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.
• If you are planning a vaginal delivery, make sure your cervix is beginning to open and is ready for delivery.

BLUEBELLEbeginnings

We want to help make sure your baby is born healthy. Call to let us 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.
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
This list shows 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’s 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’s 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 your 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.

Please call MDwise customer service at 1-800-356-1204 if you have problems with waiting times or making an appointment.
Covered Medical Services
for Hoosier Healthwise Members

The next three pages are for Hoosier Healthwise members only. 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](http://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 that 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.
Covered Medical Services
for Hoosier Healthwise Members continued

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 studies</td>
<td>(For Package C, up to $2,000</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>Lab tests and X-rays</td>
<td>per year and $5,000 per</td>
</tr>
<tr>
<td>Specialty care</td>
<td>Post-stabilization services</td>
<td>lifetime)</td>
</tr>
</tbody>
</table>

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 us to decide if they are safe and should be provided for our members.
Sometimes, you may need to see a provider other than your regular doctor. The next few pages show you 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 24 for mental 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 him or her take care of you. The services that you may get outside of MDwise are:
- Dental services (See page 26 for dental information)
- Services for a student’s individualized education program (IEP)
- Medicaid Rehabilitation Option (MRO) services
- Pharmacy services (See page 25 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 to cover these services. To find out more, call Hoosier Healthwise at 1-800-889-9949.

The following services are not covered 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 to cover these services. To find out more, call Hoosier Healthwise at 1-800-889-9949.
Healthy Indiana Plan 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 27)
- Vision services
- Chiropractic Services (beginning 1/1/2018)

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 20–22.

**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.
- Payment range $4 to $8 per doctor visit or prescription filled
- 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 29)
- No copays (except for improper emergency room use)
- Dental services, Vision services and Chiropractic Services

For more information on covered benefits see pages 16–17. 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 20–22.

**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.
- Payment range $4 to $8 per doctor visit or prescription filled
- As high as $75 per hospital stay

HIP State Plan Basic plan 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 and FSSA if you want to move to the HIP Maternity Plan. If your yearly eligibility period ends while you are pregnant, or you are pregnant when you apply and get accepted to HIP, you will be automatically moved to the HIP 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. You need to report to FSSA immediately at 1-800-403-0864 that the pregnancy has ended.

After 2/1/2018, 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.
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 page 22 for details.

<table>
<thead>
<tr>
<th>Service</th>
<th>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>Effective until 1/31/2018</td>
</tr>
<tr>
<td></td>
<td>The first non-emergency has an $8 copay. Every non-emergency use after that has a $25 copay. Copay is not required if ER visit is a true emergency or if you are admitted. See pages 23-24 to learn more about emergency care.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Effective 2/1/2018</td>
</tr>
<tr>
<td></td>
<td>There will be an $8 copay for non-emergency visits to the ER.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Preventive care—Annual check-ups; annual screenings recommended by your PMP and according to preventive care guidelines for your age and gender</td>
</tr>
<tr>
<td></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>HIP Basic and HIP State Plan Basic plans: $75 copay: Then paid from POWER Account.</td>
</tr>
<tr>
<td>Outpatient Diagnostic X-rays and Lab Tests</td>
<td>All HIP plans: No copay</td>
</tr>
<tr>
<td>Inpatient and Outpatient Mental/Behavioral Health</td>
<td>All HIP plans: No copay</td>
</tr>
<tr>
<td>Medical Supplies, DME and Prosthetics</td>
<td>All HIP plans: No copay</td>
</tr>
<tr>
<td>Outpatient Therapy Services</td>
<td>All HIP plans: No copay</td>
</tr>
<tr>
<td>Ambulance (Emergency Transportation Only)</td>
<td>All HIP plans: No copay</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. For HIP Plus and HIP State Plan Plus: 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 9 to learn more about pregnancy.</td>
</tr>
<tr>
<td>Dental Services</td>
<td>HIP Basic and HIP State Plan Basic plans have copays. See page 27 to see what dental services are covered. HIP Basic and HIP State Plan Basic plans have copays. See page 28 to see what eye care services are covered.</td>
</tr>
<tr>
<td>Eye Care</td>
<td></td>
</tr>
<tr>
<td>Out of Network Services (Except for Emergency Care and Family Planning)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
The next three pages are for Healthy Indiana Plan members only. 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). (New for 2018) 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 (New for 2018):**
- Your Benefit Year does not change if you leave the HIP program and return during the year.
- Benefit limits and POWER Account reset each January.
- November 1 – December 15 you will have a chance to stay with your current health plan or change your health plan for the next Benefit Year.

**NOTE:** If you like MDwise you will need to do nothing and MDwise will automatically carry over to the next Benefit Year. MDwise is committed to serve our members health care needs.

- If you want to change your health plan you can contact the enrollment broker 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 page 22 for detailed POWER Account information.

**Eligibility (also known as Redetermination) Period:**
- You can buy-in to HIP Plus during the Eligibility Period.
- IMPORTANT: You must participate in the annual Eligibility (Redetermination) process.
- 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 31 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 page 20-22 for detailed POWER Account information. Examples include:

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

For more information see preventive care services on page 6.

**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.
Covered Medical Services
for Healthy Indiana Plan Members continued

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.

Services Your Doctor Must Approve and Refer You To
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.

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

HIP Plus:
- Physical, speech, respiratory and occupational therapy (outside home)—limited to 75 combined visits
- Home health services including therapy—100 visits per year
- Skilled nursing facility—100 day limit
- Beginning 1/1/2018 – Chiropractor services are covered – 6 visits per year, maximum 1 per day.

HIP Basic:
- Physical, speech, respiratory and occupational therapy (outside home)—limited to 60 combined visits
- Home health services including therapy—100 visits per year
- Skilled nursing facility—100 day limit

HIP State Plans:
- Physical, speech, respiratory and occupational therapy (outside home)
- Home health services including therapy—No limits
- Skilled nursing facility—No limits

If you have questions about your benefit package call MDwise customer service.
Services From Other Providers for Healthy Indiana Plan 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 that 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 following services are self-referral for:

**HIP Plus**
- Eye care
- Dental services (in-network only)
- Psychiatric services
- Family planning
- Emergency services
- Immunization
- Diabetes self-management (in-network only)
- Behavioral health services (in-network only)
- Urgent care
- Chiropractic Services (beginning 1/1/2018)

**HIP State Plus**
- Eye care
- Dental services (in-network only)
- Chiropractic services
- Psychiatric services
- Family planning
- Emergency services
- Immunization
- Diabetes self-management (in-network only)
- Behavioral health services (in-network only)
- Urgent care
- Podiatry
- Urgent care

**HIP State Basic**
- Eye care
- Dental services (in-network only)
- Chiropractic services
- Psychiatric services
- Family planning
- Emergency services
- Immunization
- Diabetes self-management (in-network only)
- Behavioral health services (in-network only)
- Urgent care

**HIP Maternity**
- Eye care
- Dental services (in-network only)
- Chiropractic services
- Psychiatric services
- Family planning
- Emergency services
- Immunization
- Diabetes self-management (in-network only)
- Behavioral health services (in-network only)
Services From Other Providers
for Healthy Indiana Plan Members continued

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 him or her 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 25 for more information)
• Dental Services (See page 27 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 super numerary 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 intrallopian 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
How To Use Your POWER Account
for Healthy Indiana Plan Members

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. Monthly contributions for members are based on their income. 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 make no contributions to their POWER Accounts.

Beginning in 2018, contributions will be simpler. Your POWER Account Contribution is going to be 1 of 5 amounts, depending on your household income. This is measured by a comparison to the Federal Poverty Level (or 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>

All HIP members (Plus and Basic) can contribute no more than five percent of their individual 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 40 for more information.

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 will let 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 this 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 statement each month to remind you. If you lose coverage due to non-payment, you cannot 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, TMA, 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. Example: If your current monthly POWER Account contribution is $10 a month, if you do not stop the use of tobacco in 12 months of your coverage starting, your contribution may go up to $15 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.
How To Use Your POWER Account for Healthy Indiana Plan Members continued

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:
   - **By using 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 over 41,000 locations inside retailers like CVS/pharmacy, Walmart and many more. Bring the following things with you:
     - Cash: enough for your payment
     - Your MDwise Recipient Identification Number (RID) 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.)
   - **By paying 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 part of your contribution. If he/she agrees 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 with 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 view the Payroll Deduction/Direct Deposit Instruction Information.

5. **WISEpay.** Members may also submit payment online with a or credit card or arrange for an automatic withdrawal from a designated bank account (electronic funds transfer). You can do this through myMDwise on our website. Click 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 you have other members of your household who are members of the MDwise Healthy Indiana Plan, 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.

All payment options are listed on your monthly invoice or bill. 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. You can sign up to get this monthly invoice online through myMDwise. If you don't have a myMDwise account, you can sign up for one by going to [MDwise.org/myMDwise](http://MDwise.org/myMDwise). Once you sign up we will email you each month when your invoice is ready. You can then log on to your myMDwise account to get your invoice to pay your monthly contribution. If you became a HIP member through Fast Track Eligibility, your prepayment was an estimate of your first month’s contribution amount. If the prepayment is greater than your monthly amount a credit will be applied to your next invoice after you become effective. If the prepayment is less than your monthly amount, you will be required to pay the difference within 60 days.

**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 income limit, you may lose coverage.
How To Use Your POWER Account for Healthy Indiana Plan Members continued

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 for 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, TMA, 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 38-40 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.

Your POWER Account
After you make your monthly contribution, the Healthy Indiana Plan will add the rest of the funds that you will need to get health care services. This money will go into your POWER Account. POWER Account stands for Personal Wellness Responsibility Account. You will have $2,500 in your POWER Account.

Except for your preventive care, other medical services will be paid for by your POWER Account. When the cost of your medical services is more than $2,500, MDwise will cover the costs. Please remember that all preventive care, including maternity care, is covered by MDwise. For HIP members, this will not be taken out of your POWER Account. If you get preventive services 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 benefit year. This could result in lower contribution payments. If you are in HIP Basic or HIP State Plan Basic and get the preventive care you need and if you have any money left over in your POWER Account at the end of the year you will earn a State Discount Percentage off of HIP plus coverage. If you pay for plus you will get a discount off your HIP Plus POWER Account Contribution for the rest of your current benefit period as long as you maintain plus status.

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 benefit 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 year, you will be eligible to have your roll-over money doubled. This may result in much lower or no contributions due the next benefit 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. See page 6 for more information about the preventive services that you need to get.

You will get a monthly POWER Account statement. This will tell you what services have been paid for from your POWER Account each month. It will also show you when you made your contribution payments. Your statement will also tell you whether you have reached the preventive service target or not. See page 6 for preventive care services for adults. You can get this statement by mail or you can get it electronically. If you choose to get these statements electronically, you can earn rewards points. See page 34 for more information about MDwiseREWARDS. To get statements electronically, you will need to sign up for myMDwise. Sign up at MDwise.org/myMDwise. When you have set up your myMDwise account, you can then sign up to receive your monthly statements electronically.

How to Know What Medical Services Cost for Healthy Indiana Plan 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 are. 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. 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 these 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.

You will also get a POWER Account statement each month. This 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 34 for details.
POWER Account Reconciliation for Healthy Indiana Plan 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 leftover 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 individuals on your behalf and the State. Even if your account shows an excess in contributions received or credit balance, leftover contributions are not refundable until the reconciliation process is completed.

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

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 up 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.

- 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. 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.
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 need to 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 to get help with whether you should go to the emergency room.

**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>
</table>
| **Preventive Care**—This is when you get regular care to keep you healthy. Examples are: | **Preventive Care**
• You should always call your regular doctor to make an appointment for preventive care. |
  • Check-ups
  • Annual exams
  • Immunizations (shots)
  • Prescriptions and refills |
| **Urgent/Sick Care**—This is used when you need immediate care, but you are not in danger of lasting harm or loss of life. Examples are: | **Urgent/Sick Care**
• Call your doctor. The doctor will make you an appointment or give you other instructions.
• You should not go to the emergency room for urgent care.
• Even if it is late at night, your doctor always has someone who can talk to you and help. |
  • Earache
  • Sore throat
  • Fever
  • Minor cut that may need stitches |
| **Emergency Care**—This is used when you have a serious medical condition and are in danger of lasting harm or loss of life if you do not go to the Emergency Room immediately. Examples are: | **Emergency Care**
• Go to the nearest hospital or call 911. You do not have to call your doctor first in an emergency.
• When you get to the hospital, or as soon as you are able:
  > Show them your MDwise member ID card
  > Tell them you are a MDwise member
  > Ask them to call your doctor within 24 hours |
  • Poisoning
  • Severe head injury
  • Excessive bleeding
  • Convulsions
  • Serious burns
  • Loss of consciousness
  • Sudden severe chest pains
  • Trouble breathing |
Emergency Care continued

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, he/she 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
Even after hours, you can call the doctor’s regular office number. If you hear a message, listen for instructions on what to do.

Behavioral and Mental Health Services

Many people think mental or emotional problems are rare. In fact, they are common. A mental illness or emotional 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 a mental or emotional problem, it is important to remember there is help. MDwise covers behavioral health services for our members. These services include:
- Mental health
- Behavior problems
- Alcohol and drug abuse

MDwise members can choose a behavioral/mental health provider and set up appointments without a referral from a doctor. However, you should always talk to your doctor. He or she can help you find the right behavioral health provider. MDwise covers mental 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/mental health providers that you can choose from. To find a behavioral/mental health provider you can call MDwise customer service or go to MDwise.org.

If you have any questions about behavioral and mental health 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 or mental health services. If you have a behavioral or mental health emergency, there is an option that you can pick and someone will help you right away. We can answer your questions.
Medicines for **MDwise Hoosier Healthwise (HHW) and 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.

**Hoosier Healthwise and Healthy Indiana Plan Members**

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

You can also use the MDwise Member Handbook. It is available online at MDwise.org under Pharmacy Services. You can also call 1-800-356-1204 to have a copy of the handbook mailed to you.

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.

**Healthy Indiana Plan 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 him or her 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.**

**Prescription Medicine for Hoosier Healthwise Members**

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.

**Prior Authorization of Prescription Drugs for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) Members**

Some prescription drugs, including some mental health drugs, for safety reasons, 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 only 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 that 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.
**Dental Services**  
for Hoosier Healthwise Members Only

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

**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.
Dental Services
for Healthy Indiana Plan Members Only

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 checkups every six months at your dentist’s office. Dental exams will count as a preventive service.

Contact DentaQuest
For any questions regarding eligibility, finding a dentist, benefits or other questions call 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. Below is a list of some of the dental services covered:

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

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. Or you can call NURSEon-call for help. You should not go to the emergency room for dental pain unless your dentist, doctor or NURSEon-call tells you to.
Eye Care

Eye care benefits are available for members in the following plans:

- Hoosier Healthwise
- HIP Plus
- HIP Basic members ages 19–20
- HIP State Plan Plus
- HIP State Plan Basic
- All pregnant HIP members

 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.

Getting Eye Care Services
To get eye care services, you can call an eye doctor (either an optometrist or ophthalmologist). Eye care exams will 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.
Rides to Your Doctor

MDwise covers transportation to doctor, clinic and dentist appointments for **Hoosier Healthwise Package A and in the Hoosier Healthwise plan, pregnant presumptively eligible members. If you are in the Healthy Indiana Plan, you can get transportation if you are in the HIP State Plan Plus and HIP State Plan Basic.**

You can always get transportation if you are a pregnant Hoosier Healthwise member or if you are on the HIP plan and you have called to let us know you are pregnant. If you want to schedule transportation, call 1-800-356-1204 and choose the transportation option.

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.

Gas Mileage Reimbursement:

If you don’t have your own transportation, a friend or relative can drive you to your doctor or clinic and be paid back. Just call 1-800-356-1204 and choose the transportation option. Let the person who answers the phone know you want to use gas mileage reimbursement.

If you don’t schedule your trip and get it approved, your friend or relative may not get paid back for the trip. Your driver must have current insurance on their car and a valid driver’s license if they want to transport you. MDwise will send you a form to fill out about how many miles you drove to and from the appointment and you will also need to get the doctor’s signature on the form.

**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 visit 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, need transportation over 50 miles from your house 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 will allow us 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 when you call to schedule a ride. You will also need to know:
   - Your address and phone number
   - Date the ride is needed
   - The date and time of the doctor’s visit and the time you think it will end.
   - The name, address and phone number of the doctor or clinic.
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., Eastern time, Monday through Friday.
4. Members must call the MDwise customer service transportation line for a return ride from their appointment, **NOT** the transportation company.

**TIP:**

Don’t forget to call for your ride as soon as you set up your doctor’s appointment. If you cancel or change your appointment, call MDwise right away to cancel or change your ride.
Member Eligibility Period for Healthy Indiana Plan Members

 Also Known as Redetermination

Healthy Indiana Plan members only must re-enroll during their Eligibility Period every 12 months. This is also called redetermination. The process will determine if you are still eligible.

Forty-five days before your coverage ends, you will get a mailer from the Family and Social Services Administration of Indiana with information on how to enroll for next Benefit 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, please do and 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 if you are required to send it in. You can also fax the completed form to 1-800-403-0864. If you are required to send the form in, it must be returned at least 30 days BEFORE your coverage term ends or you could be disenrolled from HIP. You will not be able to re-enroll for six months.

If you need help to fill out this form, please call us and we would be happy to help you. Also, if you do not get this form by 45 days prior to your re-enroll date, call 1-877-438-4479 to request a new one be sent to you.

Visit MDwise.org/Renew for more information about the Redetermination process.

Healthy Indiana Plan 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 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.
Special Help

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.

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.

HELPlink
MDwise has staff who can help you with difficult issues you may have. These include providing help in talking to your doctor, keeping appointments or finding other services, like a parent support group. They can help if you need suggestions or information about other services available in your community. This program is called HELPlink.

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)
7. Power of Attorney

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.

Children With Special Needs

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.
MDwise Special Programs For Your Health

MDwise has a number of extra 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**
Speak with a nurse 24 hours a day

**RIDE wise**
Enjoy free rides to doctors visits

**MS.BLUEBELLE’S club for kids**
Teach kids to make healthy choices

**WEIGHT wise**
Reach and maintain a healthy weight

**WELLNESS chats**
Fun, educational community events where you can learn about good health

**BLUEBELLE beginnings**
Give your newborn a healthy start

**HELP link**
Get help linking to community services

**TEEN connect**
Get information just for teens

**IN control**
Be in control of your health

**SMOKE-free**
Get help quitting tobacco

### Disease Management

MDwise has special programs for members with certain health conditions. We call these programs INcontrol. These special programs include conditions like:

- Chronic Obstructive Pulmonary Disease (COPD), also called “smokers lung”
- Asthma
- Diabetes
- Heart Disease
- Depression
- High Blood Pressure
- Hepatitis C
- Human Immunodeficiency Virus (HIV)
- Heart Failure
- Autism and other similar disorders
- ADHD
- Pregnancy (BLUEBELLEbeginnings)
- Chronic Kidney Disease

MDwise INcontrol can help you learn more about your condition, and how to best work with your doctor. A MDwise INcontrol staff member 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 be getting done that you and your doctor may have forgotten about. They can also teach you about steps you can take to prevent your condition from getting worse. Taking care of yourself and knowing what to do when things happen will help you stay out of the emergency room. Keeping appointments with your doctor and talking to them about things you learned in the INcontrol program will help you stay INcontrol of your condition.
MDwise Special Programs For Your Health continued

MDwise members are eligible to participate if they have any of the conditions listed above. You are automatically enrolled in the program when MDwise receives a claim from your doctor telling us that you have the condition. A MDwise INcontrol staff member 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 INcontrol staff to use these services, then please call MDwise customer service.

If you are contacted by one of our INcontrol staff and do not wish to participate you can simply opt-out of the program at that time. Or you can call MDwise customer service.

MDwise also offers a special program, BLUEBELLE beginnings, for our 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. Just call our 24-hour phone line and 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 use tobacco in other ways? 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 which your doctor can provide or refer you to someone who can. Go to 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 (1-800-784-8669) or go to in.gov/quitline.

MDwise Care Management Program

MDwise wants to help you stay healthy. The MDwise care management program can help you manage your health conditions. MDwise case 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 case managers can help you with mental health and physical conditions.

MDwise case 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 the help from other organizations.

You, your provider, family members or caregivers can all request case 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 case manager will contact you and you can discuss your needs or the needs of the person requesting care management.
MDwiseREWARDS

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
- Get a dental exam
- Get your flu shot

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/rewards 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 $50 worth of points each year. This means that the most you can earn is a $50 reward each calendar year.
5. Points you earn for each activity will expire 12 months from the date of that activity. For example, if you get your annual physical exam on July 1 of this year you will earn 25 points. The 25 points for that visit will expire on July 1 of the next year. 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. For HIP members that choose the POWER Account contribution option as their reward, these funds will go towards 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 towards your yearly payment. That means you may owe less or nothing at all, depending on how much your yearly payment is.
9. MDwise reserves the right to change the MDwiseREWARDS program at any time. We will keep the website updated with any changes.
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 http://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. We can help.

Open Enrollment Period
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. Once each year after that you will have an open enrollment period. During this time you will have another chance to choose a new health plan. Once the open enrollment 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 36 on how to change doctors. Please remember that it is better for your health to stay with one doctor than to change often.

Changing Your Plan
You can also ask to change your health plan at any time if you have “just cause.” The 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 also help you change doctors, such as 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.
- 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 out information about MDwise doctors at MDwise.org/findadoctor. This will tell you many things about doctors and other providers that include 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 or your child’s health to stay with one doctor, rather than to change doctors often.
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 the baby’s doctor, call MDwise to tell us your choice.
3. As soon as your baby is born, call your caseworker, 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.

**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 he or she is born. Your child’s 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, local office of the DFR or the Document Center at 1-800-403-0864 to apply for Hoosier Healthwise for the baby.

**TIP:**

It is best to pick your baby’s MDwise doctor before the birth. If you do not choose the 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.
Changes You Must Report and Doctor and Plan Changes for Healthy Indiana Plan 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 http://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. 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 he or she has 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 to change doctors often.
Changes You Must Report and Doctor and Plan Changes for Healthy Indiana Plan Members continued

Important Information About MDwise Doctors
You can find out information about MDwise doctors at MDwise.org/findadoctor. This will tell you many things about doctors and other providers that include 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 that you are happy with the services that 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 unless you have a previous managed care assignment for the current calendar year.
• At the end of your benefit year, during the Health Plan Selection period of November 1 – December 15.
• Within 30 days if you were unable to participate in the Health Plan Selection Period because you were in a different program.
• Within 30 days if you were in a lockout period during the Health Plan Selection Period, November 1 – December 15.
• Within 30 days if you were not fully eligible during the Health Plan Selection Period, November 1 – December 15.

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

The “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.

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.
Changes You Must Report and Doctor and Plan Changes for Healthy Indiana Plan Members continued

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. Also 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.

What To Do If You Get a Bill for Health Care
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 15 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.
MDwise 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 into 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.

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

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.
Right Choices Program

What is the Right Choices Program (RCP)?
The Right Choices Program is a MDwise case 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 his or her health care.

Who makes up your Right Choices Program team?
• One primary medical provider (PMP)
• One pharmacy
• One hospital
• A MDwise care manager
• You

The team will help decide when, where, and how you will get medical care.

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 to work closely with our doctors to make any changes that are needed. 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.
How To Get Help With A Problem

Getting 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 the 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. He or she will try to solve your concerns right away. We will follow up with a letter within 20 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 48 hours.

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, who can be your doctor if you want them to. 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.
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.

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.
- Timely access to covered services.
- 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.
- Receive information about or 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:

- Supplying information to MDwise or your providers in order to provide care.
- 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</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</td>
<td>如果您，或是您正在協助的對象，有關於 MDwise 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-800-356-1204。</td>
</tr>
<tr>
<td>German</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>Arabic</td>
<td>إذا كنت تريدي الشخص الذي أساعدك في MDwise، فإنك تتمتع بالحق في الحصول على مساعدة وتحديث باللغة التي ترغب بها بجانب السعر. إذا كنت تريد أن تتحدث إلى مترجم، اتصل بالرقم 1-800-356-1204.</td>
</tr>
<tr>
<td>Korean</td>
<td>만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MDwise 에 관해서 질문이 있다면 귀하의 언어로 지원을 받을 수 있습니다. 지원을 받을 수 있는 주소는 1-800-356-1204입니다. 전화해 주십시오.</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MDwise, quý vị sẽ có quyền được hỗ trợ và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một người phiên dịch, xin gọi 1-800-356-1204.</td>
</tr>
<tr>
<td>French</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</td>
<td>ご本人様、またはお客様の身の回りの方でも、MDwise についてご質問がありましたら、ご希望の言語での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。料金はかかりません。通訳とお話しされる場合、1-800-356-1204までお電話ください。</td>
</tr>
<tr>
<td>Dutch</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 tinutulungan, 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</td>
<td>Если у вас или лица, которого 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</td>
<td>ਤੁਹਾਨੂੰ ਕੀਵਾਂ ਕੀ ਮਾਤਰ ਹੁੰਦੀ ਹੇਤੂ ਵੀ ਕਰੋ ਤੇ ਅਜੇ ਵੀਅਲ ਦੇ ਅਜੇ ਧਾਰਮਿਕ ਅਧਿਕਾਰੀ ਅਧਿਕਾਰੀ ਹੀ ਚੜ੍ਹਾਪਨਾ। ਤੁਹਾਨੂੰ ਕੀਵਾਂ ਕੀ ਮਾਤਰ ਹੁੰਦੀ ਹੇਤੂ ਵੀ ਕਰੋ ਤੇ ਅਜੇ ਵੀਅਲ ਦੇ ਅਜੇ ਧਾਰਮਿਕ ਅਧਿਕਾਰੀ ਅਧਿਕਾਰੀ ਹੀ ਚੜ੍ਹਾਪਨਾ। 1-800-356-1204  ਏ ਵੀ ਵੀਅਲ।</td>
</tr>
<tr>
<td>Hindi</td>
<td>यदि आपके, या आप दूसरा सहायता कार्य जा रहे कर्मी तक्ता के MDwise के बारे में पूर्वस्तर हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और मुफ्त में पूर्वस्तर करने का अधिकार है। कर्मी तक्ता ने से कार्य करने का लेते, 1-800-356-1204 पर कॉल करें।</td>
</tr>
</tbody>
</table>
## 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:

| MDwise Hoosier Healthwise | Phone: **1-800-356-1204**  
Email: compliance@mdwise.org |
|---------------------------|-------------------------------|
| P.O. Box 441423  
Indianapolis, IN 46244-1423 | Hoosier Healthwise Fax  
1-877-822-7190 |

| MDwise Healthy Indiana Plan | Healthy Indiana Plan Fax  
1-877-822-7192 |
|-----------------------------|---------------------------|
| P.O. Box 44236  
Indianapolis, IN 46244-0236 | 1-800-356-1204 |

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

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 | 1-800-368-1019  
TDD/TTY: **1-800-537-7697** |
|---------------------------------------------|---------------------------|
| 200 Independence Avenue, SW  
Room 509F, HHH Building  
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 benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions:

- For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence
- To avert a serious and imminent threat to health or safety
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies
- For research
- In response to court and administrative orders and other lawful process
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- As authorized by state worker’s compensation laws

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
Notes
Getting information in other languages and formats
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.