

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201581 DECEMBER 8, 2015

Member's selection of HIP health plan is key decision in HIP enrollment process

Healthcare providers that help individuals enroll in the Healthy Indiana Plan (HIP) are expected to make sure these individuals have adequate information about their health plan options. Ensuring that individuals have access to comprehensive counseling on plan choice before establishing full enrollment in HIP helps members connect with the health plan that best meets their needs.

A good resource for individuals with questions about plan choice is the [HIP Health Plan Summary](#) comparison tool. This tool is available to members at in.gov/fssa/hip and is [attached to this publication](#) for easy reference. In addition, individuals should be referred to the enrollment broker at 1-877-GET-HIP-9 for further assistance in selecting a health plan or to change health plans, when appropriate. As a reminder, healthcare providers should **not** advise individuals which health plan to select.



When individuals initially enroll in HIP, they may choose between three health plans – Anthem, MHS, and MDwise. Individuals may change their health plan selection only before they are fully enrolled in HIP. Full enrollment in HIP is established in one of three ways:

- The individual makes a Personal Wellness and Responsibility (POWER) Account contribution to the selected health plan.
- The individual makes a \$10 Fast Track Prepayment to the selected health plan.
- The individual fails to elect either payment option within the allowed payment time frame and has an annual income at or below 100% of the federal poverty level.

After enrollment in HIP is finalized, members may only change health plans without cause every 12 months. Changes for cause are allowed during the benefit year only in limited circumstances and must be approved by the member's current health plan or the State. "For-cause" reasons for plan transfer include, but are not limited to, receiving poor quality care, lack of access to covered services or providers, and significant language or cultural barriers. For a full list of the "for-cause" reasons, see *Indiana Administrative Code* [405 IAC 10-8-2\(b\)](#). Because of the 12-month lock-in and limited opportunity to change plans during the benefit year, it is imperative that members make informed health plan selections.

Member health plan selection

Individuals are asked to select a health plan when they apply for HIP. Applicants may change their health plan selection only before they make an initial payment; therefore, after applicants select a health plan, they should be cautioned to only make a Fast Track Prepayment or an initial POWER Account contribution to the health plan with which they want to be enrolled for a 12-month period.

Standard HIP enrollment – Selecting and changing a health plan

- Individuals who elect to make the \$10 Fast Track Prepayment by credit card at the point of application – which will expedite coverage after eligibility has been determined – may not change their health plan selection after submitting the application.
- Individuals who elect to make the \$10 Fast Track Prepayment **after** submitting their application and within the 60-day payment window may change their health plan selection only before submitting the Fast Track Prepayment.



- Individuals may elect not to make the Fast Track Prepayment and wait until their eligibility is determined and their POWER Account contribution is calculated before making their first contribution. These individuals may change their health plan selection only before they submit the initial POWER Account payment or before the 60-day payment window expires, whichever occurs first.

Presumptive eligibility (PE) HIP enrollment – Selecting and changing a health plan

- Individuals who are determined presumptively eligible for HIP must select a health plan when PE is determined and **may not** change health plans during their PE period.
- PE HIP members may choose a different health plan for their HIP coverage when completing the full HIP application.
- After official eligibility for HIP is determined and a Fast Track Prepayment or POWER Account contribution is made **or** the 60-day POWER Account payment window expires, no further changes to the health plan selection can be made (see the *Standard HIP enrollment – Selecting and changing a health plan* section).

Fast Track Prepayments and initial POWER Account contributions by third-party entities

The *Special Terms and Conditions (STCs)* for the HIP program allows third-party entities to make payments to a member's POWER Account. Specifically, the STCs document states:

Contributions from other third parties. *Third parties are permitted to contribute to a beneficiary's POWER account contribution. There are no limits on the amounts third parties can contribute to a beneficiary's POWER account except that the contribution must be used to offset the beneficiary's required contribution only—not the state's. Health care provider or provider-related entities making contributions on an individuals' behalf must have criteria for providing assistance that does not distinguish between individuals based on whether or not they receive or will receive services from the contributing provider(s) or class of providers. Providers may not include the cost of such payments in the cost of care for purposes of Medicare and Medicaid cost reporting and cannot be included as part of a Medicaid shortfall or uncompensated care for any purpose.*

Based on the established limitations, healthcare providers or provider-related entities considering making a contribution to a member's POWER Account are encouraged to consult with legal counsel regarding any legal implications of the contributions to ensure compliance with state and federal laws.

After a Fast Track Prepayment or POWER Account contribution is received for an applicant, the member may no longer change their health plan. Therefore, if a provider chooses to make a Fast Track Prepayment or POWER Account contribution on behalf of a PE

HIP member or a HIP applicant, it is the State's position that the provider secure written consent from the individual to ensure that the individual is aware of the implications of the payment on health plan choice.

The Indiana Family and Social Services Administration (FSSA) has drafted a model consent form for individuals to sign when the provider is making a payment on the member's behalf. This [model consent form](#) is available at [in.gov/fssa/hip](#) and is [attached to this publication](#) for easy reference. Providers are cautioned not to proceed with making payments on behalf of members until written consent is obtained. Members should be counseled to understand that the payment will lock them into their health plan selection for 12 months. After the member has made and affirmed an informed choice of a health plan and consented to payment in writing, the provider may make a payment on the member's behalf. In the future, adherence to the requirement of written consent may be essential to maintain a provider's status as a qualified provider for determining presumptive eligibility.



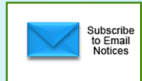
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Healthy Indiana Plan Health Plan Summary



Contact Information

Member Services: 1-866-408-6131

Transportation Service:
1-800-508-7230

Pharmacy: 1-866-408-6131

**Hospitals and
Specialists – Other Providers:**
1-800-345-4344 or www.anthem.com

Provider Services: 1-800-345-4344

TTY/TDD: 1-866-408-7188

Website:
www.anthem.com/inmedicaid

Hours of Operation:

8 a.m. to 8 p.m. EST
Monday–Friday

Nurse on-call

24 hours/day – 7 days / week

1-866-800-8780

Our nurses help you with questions about your health.

POWER Account Contributions

You can make payments to your POWER Account in one of these ways:

- Employer contributions
- Credit card by calling Customer Service
- Automatic bank draft
- Check or money order
- Cash or debit card at any Indiana Wal-Mart store
- Online payment
- Payroll deduction



Contact Information

Member Services: 1-877-647-4848

Pharmacy: 1-877-647-4848

**Hospitals, Provider Services, and
Specialists – Other Providers:**
1-877-647-4848

or www.mhsindiana.com

TTY/TDD: 1-800-743-3333

Website: www.mhsindiana.com

Hours of Operation:

Member and Provider Services call center: 8 a.m. to 8 p.m.

Referrals and Authorizations call center: 8 a.m. to 5 p.m., closed for lunch from 12 p.m. to 1 p.m.

MHS Disease Management: 8:30 a.m. to 5 p.m.

After hours, you can leave a message. We will return your call the next business day.

Nurse on-call

24 hours / day – 7 days / week

1-877-647-4848

Our nurses help you with questions about your health 24/7.

POWER Account Contributions

You can make payments to your POWER Account in one of these ways:

- Cash, check, or money order
- Debit or credit card
- Cash or debit card at any Indiana Wal-Mart store (coming soon)
- Electronic Funds Transfer (EFT)
- Payroll deductions by your employer
- Western Union
- Via the MHS website
www.mhsindiana.com



Contact Information

Member Services:
1-800-356-1204 or 317-630-2831

Pharmacy: 1-844-336-2677

**Hospitals, Provider Services, and
Specialists – Other Providers:**
[MDwise.org/healthyindiana/
providersearch](http://MDwise.org/healthyindiana/providersearch) or call 1-800-356-1204
or 317-630-2831

TTY/TDD: 1-800-743-3333 or 711

Website: MDwise.org/healthyindiana

Hours of Operation:

8 a.m. to 8 p.m. EST Monday–Friday
For non-urgent calls, you can leave a message after hours. We will return your call the next business day.

Nurse on-call

24 hours / day – 7 days / week

1-800-356-1204 Press Option 1,
then Option 4

Our nurses help you with questions about your health.

POWER Account Contributions

You or your employer can make payments to your POWER Account in one of these ways:

- Check or money order
- Credit or debit card payments by phone
- Cash or debit card at any Indiana Wal-Mart store (coming soon)
- WISEpay system at MDwise.org for:
 - Electronic credit or debit card payments online
 - Automatic payroll deduction
 - Automatic bank draft
 - Automatic clearinghouse (ACH)
 - Electronic funds transfer (EFT)

Note: Your employer or a non-profit organization can make your POWER Account Contribution for you.



Care Management Services

We provide care management services to help you get the right health care services at the right time.

Disease Management Programs

We offer programs to help you and your family members understand and manage health conditions like:

- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism/Pervasive Developmental Disorder
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Heart failure
- Hypertension

Enhanced Services

Free transportation to covered medical providers including your physician's office.

\$20 gift card for completing health needs survey online / **\$10 gift card** for completing by telephone

Free member education meetings

Community resource coordinators to connect you to other community resources.

Educational Programs

We're here to help! You deserve our personal attention when it comes to your health. Of course, you can reach us by phone at any time you have questions about your health plan.

To get you off to a good start, we offer weekly **New Member Education Meetings** at various sites in the state. The more you know about your health plan, the better you will understand how it works.

Come meet our friendly staff. Learn about your benefits and POWER account and ask any questions you may have to get the most from your health plan. We can help you connect with community resources you can use for your other needs as well.

You can count on us to help you make decisions that can improve your health and access the care and help you need.



Care Management Services

We offer programs to help you and your family members understand and manage certain health conditions.

Disease Management Programs

We offer programs to help you and your family members understand and manage health conditions like:

- Asthma
- Autism/Pervasive developmental disease
- Attention Deficit Hyperactivity Disorder (ADHD)
- Chronic kidney disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Special healthcare needs

Enhanced Services

Preventive Care & Healthy Rewards

Members can earn dollar rewards by completing their health needs assessments and staying up to date on preventive care. Rewards can be used to buy things like healthy groceries, personal items as well as over the counter drugs like cough medicine and pain relief.

MemberConnections® can help explain your health coverage and connect you to other community resources.

MHS Family Education Network is a partnership with the Indiana Minority Health Coalition to provide in-person benefit education for members.

Connections Plus® & SafeLink programs provide a cell phone to our members who do not have a reliable telephone.

Care Management Programs

- Children with Special Needs Program
- Start Smart for Your Baby®
- MHS Special Deliveries Program
- First Year of Life Program
- Stop Tobacco Use Counseling

Electronic Communications

Website Secure features member portal, free health library, benefit, wellness and provider information.

Emails and texts provide member, educational and health information as well as community outreach updates.



Care Management Services

We offer care management services to help you get the right health care services at the right time.

Disease Management Programs

Be INcontrol of your health. INcontrol is a program to help our members manage health conditions they have such as:

- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism/Pervasive developmental disease
- Chronic kidney disease
- Congestive heart failure disease
- Coronary artery disease
- Depression
- Diabetes

Enhanced Services

Free, unlimited preventive care services with no charge to your POWER account.

MDwise Rewards Program Earn points for a variety of activities and then shop for rewards once the activity is completed. Some activities include: signing up for myMDwise Member Portal, getting your yearly physical exam and making monthly payments on time.

myMDwise Member Portal is an online tool available 24 hours a day, 7 days a week at MDwise.org for viewing your POWER account balance, pharmacy claims, preventive service information, making payments to your POWER account through WISEpay, general account information and more.

Health Survey Your health information will help us help you. Complete a health survey online at MDwise.org or by calling a MDwise representative.

Special Programs MDwise offers many extra programs to help you and your family stay healthy.

Educational Programs

WEIGHTwise helps you lose or gain weight, or stay at a healthy weight.

WELLNESSchats offers fun, educational community events where you can learn about good health.

HELPlink puts you in touch with health professionals that can help you with your family's health and well-being.

SMOKE-free provides you with free resources to help you stop smoking or chewing tobacco including the Indiana Quitline (1-800-QUIT-NOW).

Written Consent for Initial POWER Account Payment

The Healthy Indiana Plan (HIP) requires you to make a small monthly contribution to a special savings account called a Personal Wellness and Responsibility (POWER) Account to gain access to *HIP Plus* benefits, which includes vision and dental services. We would like to make the initial payment on your behalf so that you can begin your *HIP Plus* benefits quickly. However, before we can make this contribution on your behalf, we must have your written consent and make you aware that our payment may affect your ability to change your selected health plan at a later date.

After we make the payment on your behalf, you may not change your health plan, so be sure you select the right plan for you! Call 1-877-GET-HIP-9 if you need help selecting the right plan.

Your Rights and Protections

- Your *HIP Plus* coverage begins the month in which your Fast Track Prepayment or first POWER Account contribution is made.
- By paying today, if you are determined eligible, your health benefits would start effective this month, regardless of when the state determines that you are eligible.
- HIP members have limited opportunity to change their health plan after their first payment

When You Can Change Your Health Insurance Plan	
Before you pay your POWER Account contribution	Change allowed
After you pay your POWER Account contribution	No change for 12 months

- After we make the payment on your behalf, you will have limited opportunity to change your health plan, so be sure you select the right plan for you!
 - **Think About It:** Is your primary care provider or other specialists in the network you selected? Do you know that some plans offer additional benefits?
 - **HELP:** For help making your selection, call 1-877-GET-HIP-9.
- You do not have to make a payment today; your application can be submitted without a payment.
- If you do not pay today, your selected health plan will send you a Fast Track Prepayment invoice, allowing you to make a \$10 prepayment to lock in an earlier coverage start date while your application is being processed.
- If you are a HIP presumptive eligibility member you can also make a \$10 Fast Track Prepayment by paying your health plan's invoice. If this \$10 is paid, you will be enrolled in the health plan to which payment is made. Be aware that even if you choose a different health plan on your HIP application, you will have coverage in the health plan that was paid rather than in the health plan selected on your application.
- **Make certain you have the health plan selection you want before paying or allowing someone to pay your \$10 Fast Track Prepayment or POWER Account contribution for *HIP Plus*.**

Written Consent to Pay Initial POWER Account Payment

Your signature on this form allows us to submit your initial HIP payment to your selected health plan.

I give consent for _____ to pay my initial POWER Account contribution on my behalf. I understand that once the payment is made I may not change the health plan selected on my application for 12 months, except for very limited circumstances.

Name: _____ Date: _____

Signature: _____