



■ Hoosier Healthwise

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

How does someone qualify for Hoosier Healthwise?

To qualify for Hoosier Healthwise, applicants must meet the following eligibility criteria:

Income/Household Size

Income limits are adjusted to account for the number of household members. Types of income include earned (example: wages from a job), unearned income (example: Social Security Disability payments) and countable income (e.g., taxable income plus certain Social Security Income and lump sum income. Supplemental Security Income, veterans benefits and child support are not counted). Visit the “Am I Eligible” guide at **www.indianamedicaid.com** (first click “members”) for current income limits.

Age

Eligibility criteria can be based on age. Certain programs are designed for people in specific age groups.

How do applicants know if they are eligible?

The Eligibility Guide, found under the “Apply for Coverage” tab at **www.in.gov/medicaid/members**, is a resource tool that can provide eligibility information to assist individuals in understanding if they are more likely or less likely to qualify for any Medicaid benefits. It is not a final determination. The only way to know eligibility is to apply.

What is covered by Hoosier Healthwise?

Hoosier Healthwise provides standard benefits including coverage for medical expenses such as doctor visits, hospital care, therapies, medications, prescriptions and medical equipment. The benefits also include preventive care, such as well-baby and well-child care and regular check-ups, and mental health and substance abuse treatment. Hoosier Healthwise also has benefits for children with special health care needs like asthma or diabetes. Various health plans may offer additional services.



How does someone choose a health plan and a health care provider?

When applicants enroll in Hoosier Healthwise, they will select a health plan. Each health plan has a network of health care providers including primary care doctors, specialists, home health care providers, pharmacies, therapists etc. It is important for applicants to know which health plans their doctor or doctors participate in. For most health care services, applicants must use the health care providers who are in their health plan. Members are assigned a primary medical provider to manage their health care.

The health plan choices are:

- Anthem
- CareSource
- Managed Health Services
- MDwise

Services that do not need a doctor's referral:

- Dental care
- Podiatry care (foot care)
- Chiropractic care
- Vision/eye care (except surgery)
- Mental health services
- Substance abuse services
- Transportation services
- Family planning services
- Immunizations

If members need any other special service or need to see another type of medical professional, they need to talk with their doctor to get a referral. Some services will require their doctor or other specialty provider to request a prior authorization before the service can be delivered. It is up to the provider to request the prior authorization.

■ HoosierRx

Indiana's state pharmaceutical assistance program, HoosierRx, can help pay the monthly Part D premium, up to \$70 per month, for members enrolled in a Medicare Part D plan working with HoosierRx.

Who qualifies for HoosierRx?

To qualify for the HoosierRx program, an individual must be an Indiana resident, 65 years old or older, have a yearly income of \$19,380 or less for a single person, or \$26,100 or less for a married couple living together. The individual(s) must have applied for the "Medicare Extra Help" through Social Security to pay for their Medicare Part D plan and have received either a "Notice of Award" or "Notice of Denial" from Social Security regarding the "Medicare Extra Help." The Social Security "Notice of Denial" must state that resources are above the limit established by law. The Social Security "Notice