



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



of Award” must state that a person is receiving partial extra help subsidy to help pay for the Medicare Part D premium. A person receiving the full extra help subsidy is not eligible for HoosierRx.

The information in this guide is correct as of April 1, 2021. For the most up-to-date information, refer to www.fssa.in.gov.

How does someone apply for HoosierRx?

A person who thinks they meet the eligibility requirements above should call a HoosierRx representative at **866-267-4679** or visit the HoosierRx website at www.in.gov/medicaid/members/194.htm.

Companies offering prescription drug plans working with HoosierRx include:

- AARP/UnitedHealthcare
- CIGNA
- EnvisionRx
- First Health
- Indiana University Health Plans (with Part D coverage)
- SilverScript
- WellCare

■ Medicare Savings Program

The Medicare Savings Program is a Medicaid program that helps support Medicare out-of-pocket expenses for individuals. There are different categories within the Medicare Savings Program, and benefits vary. All categories offer payment for Medicare Part B premiums, and the most generous category also covers Medicare Part A and B deductibles, copayments and coinsurance for eligible beneficiaries. For more information call toll-free at **800-452-4800**.

■ Traditional Medicaid

Some Medicaid enrollees are served through a fee-for-service delivery system where health care providers are paid for each service (like an office visit, test or procedure).

Traditional Medicaid is mostly limited to those in long-term care facilities, those dually enrolled in Medicare and Medicaid, and individuals receiving home- and community-based services waivers.