

Indiana Managed Care Program Features, as of 2015

Features	Hoosier Care Connect	Care Select	Hoosier Healthwise
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1932(a)
Program start date	04/01/2015	11/01/2007	01/01/2000
Waiver expiration date (if applicable)	03/31/2017		
If the program ended in 2015, indicate the end date		07/31/2015	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period			Members are auto-assigned if no selection is made during application process and are given a 90-day window to change plans.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X

Indiana Managed Care Program Features, as of 2015

Features	Hoosier Care Connect	Care Select	Hoosier Healthwise
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X	X	X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Home health agency services	X		X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates		Burns and Associates
Performance incentives? Payment bonuses/differentials to reward plans	X	X	X
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics			
Performance incentives? Withholds tied to performance metrics	X	X	X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Indiana Managed Care Program Features, as of 2015

Features	Hoosier Care Connect	Care Select	Hoosier Healthwise
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	Anthem; Managed Health Services; MDWise	MDWise; Advantage Health Solutions	Managed Health Services; MDWise; Anthem
Notes: Program notes	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.

Indiana Managed Care Program Features, as of 2015

Features	Healthy Indiana Plan (2.0)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	02/01/2015
Waiver expiration date (if applicable)	01/31/2018
If the program ended in 2015, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	Members are auto-assigned if no selection is made during application process and are given a 90-day window to change plans. Members cannot change plans after having made contributions.
Benefits covered: Inpatient hospital physical health	X

Indiana Managed Care Program Features, as of 2015

Features	Healthy Indiana Plan (2.0)
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: Health home (SSA 1945)	
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Home health agency services	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes

Indiana Managed Care Program Features, as of 2015

Features	Healthy Indiana Plan (2.0)
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates
Performance incentives? Payment bonuses/differentials to reward plans	X
Performance incentives? Preferential auto-enrollment to reward plans	
Performance incentives? Public reports comparing MCO performance on key metrics	
Performance incentives? Withholds tied to performance metrics	X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served: Plans in Program	MDWise; Managed Health Services; Anthem
Notes: Program notes	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.