Indiana Managed Care Program Features, as of 2017

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2015	01/01/2000	02/01/2015
Waiver expiration date (if applicable)	06/30/2019		01/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
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	Exempt	Exempt

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90 day window to make a health plan change.	Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90 day window to make a health plan change.	Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 60 day window to make a health plan change. Members cannot change plans after having made a power account contribution.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	NCQA

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates	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 plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Anthem; Managed Health Services of Indiana	Anthem; Caresource Indiana, Inc.; Managed Health Services of Indiana; MDWise	Anthem; Caresource Indiana, Inc.; Managed Health Services of Indiana; MDWise
Notes: Program notes	When a member becomes dually eligible, they are disenrolled from managed care. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts.	When a member becomes dually eligible, they are disenrolled from managed care. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts.	Once the State becomes aware that the member has Medicare, the person is no longer eligible for HIP. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts. HIP covers nursing facility services for short rehabilitation stays through managed care as a step down from hospital care. If a person requires a longer stay thereby becoming a “resident”, this institutional level of care would require a new eligibility determination and typically moves the member to fee-for-service, traditional Medicaid. Indiana does not have MLTSS.