

### Indiana Managed Care Program Features, as of 2021 (1 of 2)

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1932(a)
Program start date	02/01/2015	04/01/2015	01/01/2000
Waiver expiration date (if applicable)	12/31/2030	03/31/2023	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not</u> covered 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		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: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	60 days	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 60 day window to make a health plan change. Members cannot change plans after having made a POWER account contribution.		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.
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	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	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	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.)	Podiatry, Chiropractic, Vision	Podiatry, Chiropractic, Vision	Podiatry, Chiropractic, Vision
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes

<b>Features</b>	<b>Healthy Indiana Plan</b>	<b>Hoosier Care Connect</b>	<b>Hoosier Healthwise</b>
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
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	Qsource	Qsource
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	X	X	X
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; Caresource Indiana, Inc; Managed Health Services; MDWise	Anthem; United Healthcare Community Plan; Managed Health Services	Anthem; Caresource Indiana, Inc; Managed Health Services; MDWise
Notes: Program notes	Home health and nursing facility care is covered for a short period of time, no more than 100 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver.	Home health and nursing facility care is covered for a short period of time, no more than 30 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver.	IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver, Nursing facility and home health care is limited to short term needs.

### Indiana Managed Care Program Features, as of 2021 (2 of 2)

Features	PACE
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Regions covered include Lake, Johnson, Allen, Fayette, Franklin, Henry, Randolph, Union, Wayne, the following Marion County zip codes, 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259, and the following Elkhart, Marshall, and St. Joseph County zip codes: 46506, 46514, 46516, 46517, 46526, 46530, 46536, 46544, 46545, 46552, 46554, 46556, 46561, 46574, 46601, 46613, 46614, 46615, 46616, 46617, 46619, 46628, 46635, 46637, 46563, 46573
Federal operating authority	PACE
Program start date	10/01/2012
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
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	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	

<b>Features</b>	<b>PACE</b>
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
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	X
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

<b>Features</b>	<b>PACE</b>
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	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
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	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	

Features	PACE
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
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	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Franciscan Senior Health and Wellness-DYER; Franciscan Senior Health and Wellness- Indy; Reid Health Pace Center; Saint Joseph Pace
Notes: Program notes	The PACE state plan amendment was approved with an effective date of 10/1/2012. But, Indiana's first PACE program agreement was not effective until 1/1/2015. In 2021 we saw an expansion to our PACE programs with current plans expanding and new plans being added.