

Indiana Managed Care Program Features, as of 2014

Features	Care Select	Hoosier Healthwise	Healthy Indiana Plan (1.0)
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1115(a) (Medicaid demonstration waivers),1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	11/1/2007	1/1/2000	1/1/2008
Waiver expiration date (if applicable)			12/31/2015
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII			
Full Duals			
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Enrollment choice period	N/A	Other	Other
Enrollment broker name (if applicable)		Maximus	Maximus
Notes on enrollment choice period		Members have 14 days before they are auto-assigned; and 90 days to change after auto-assignment.	Members have 14 days before they are auto-assigned; and 90 days to change after auto-assignment.
Benefits covered			
Inpatient hospital physical health		X	X
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization			
Physician		X	X
Nurse practitioner		X	X
Rural health clinics and FQHCs		X	X
Clinic services		X	X
Lab and x-ray		X	X
Prescription drugs and prosthetic devices			
EPSDT		X	X

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Case management	X	X	X
Health home (SSA 1945)			
Family planning		X	X
Dental services (medical/surgical)			
Dental (preventative or corrective)			
Home health agency services		X	
Personal care (state plan option)		X	X
HCBS waiver services			
Private duty nursing		X	X
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	Yes	Yes
CAHPS data required?	No	Yes	Yes
Accreditation required?	Yes	Yes	Yes
Accrediting organization	NCQA	NCQA	NCQA
EQRO contractor name (if applicable)		Burns and Associates	Burns and Associates
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X
Withholds tied to performance metrics	X	X	X
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; Advantage Health Solutions	Managed Health Services; MDWise; Anthem	MDWise; Managed Health Services; Anthem
Notes			
Program notes			