



The PsychU Guide To The Indiana Mental Health System

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

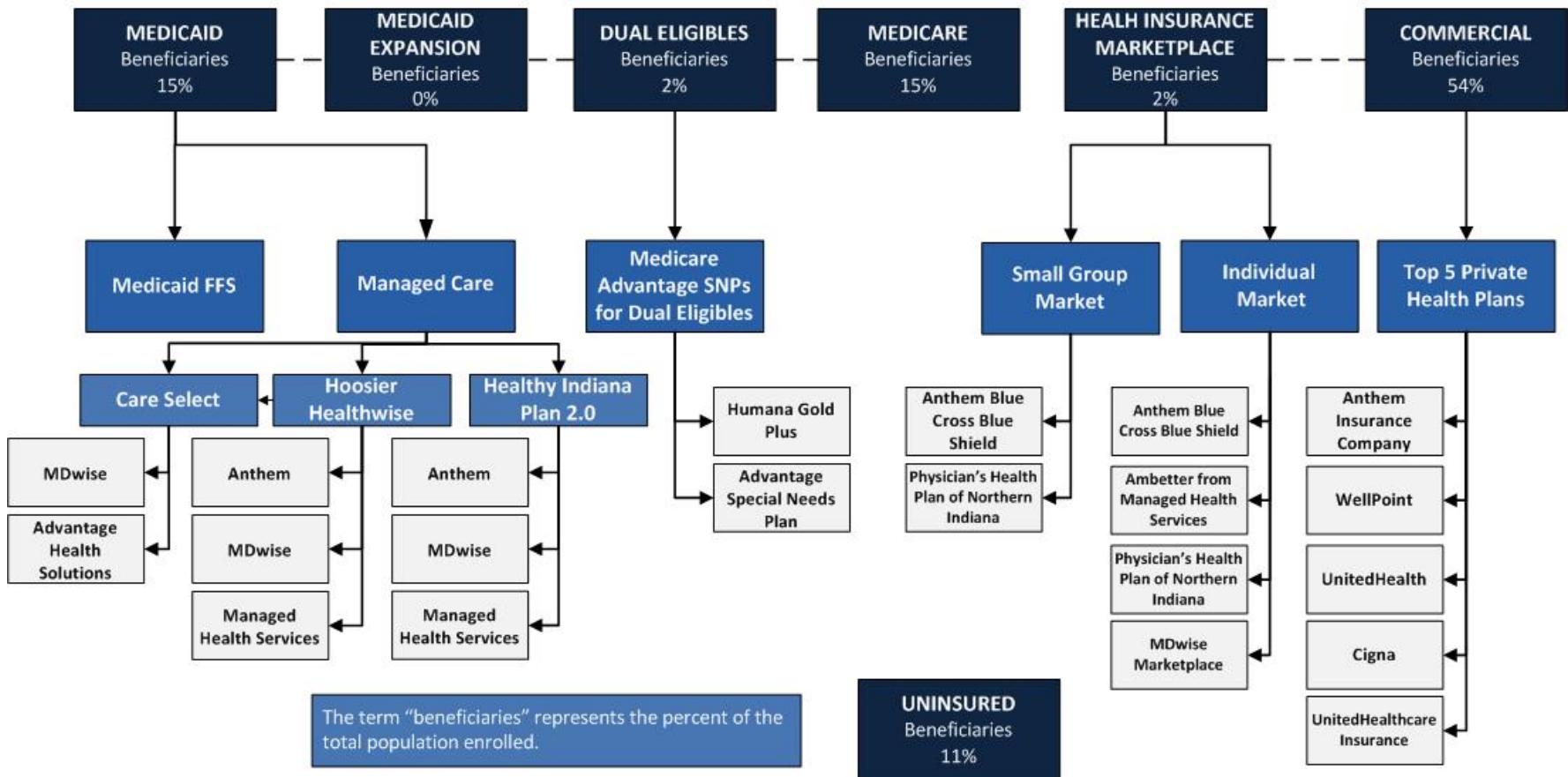
Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of December 2014.

The PsychU Guide To Mental Health Payers In Indiana - Contents

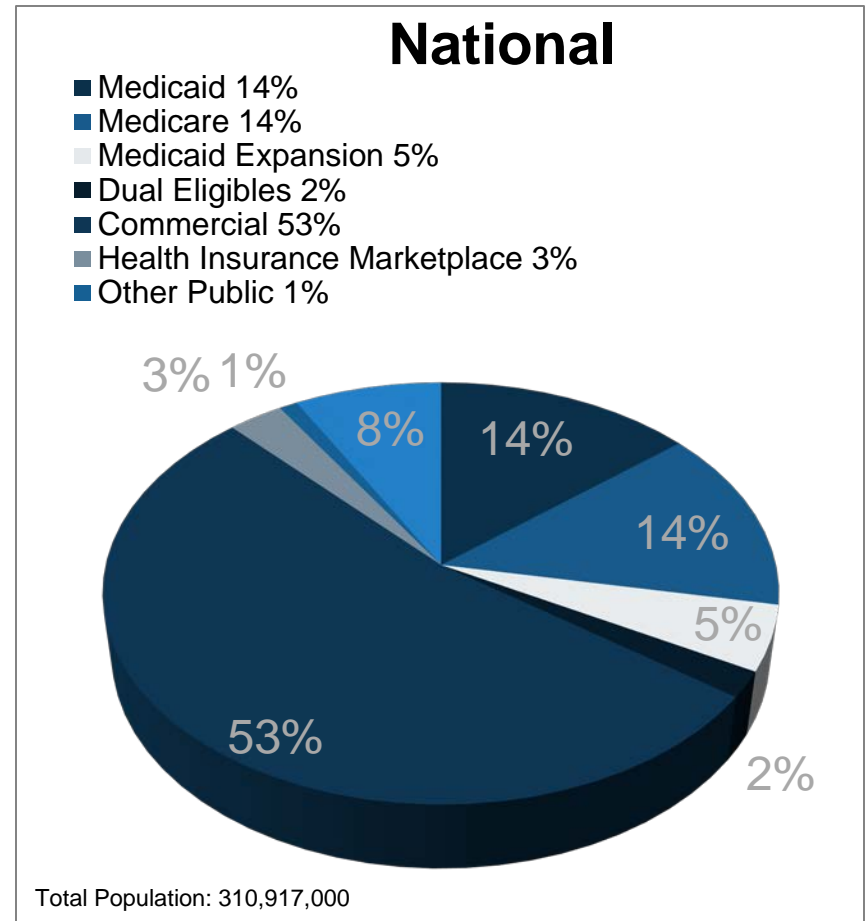
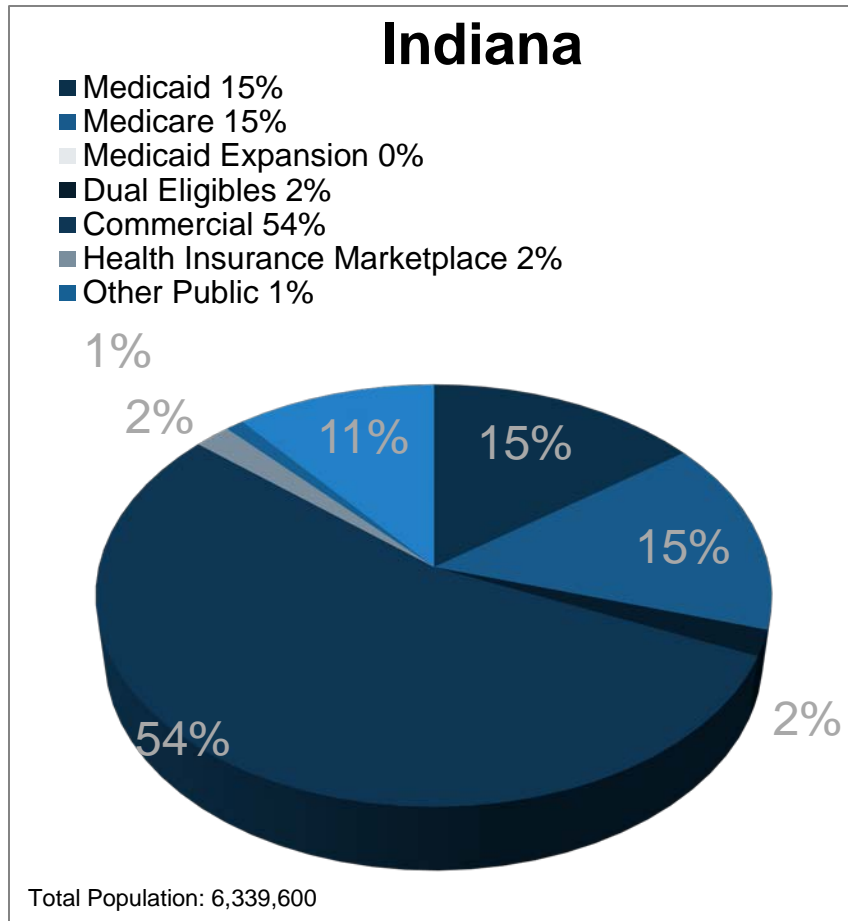
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Health Care Coverage Map Of Indiana

Total Population: 6,339,600
 SMI Population: 190,273



2. Population Distribution By Payer: National vs. State



*Based on 2011-2012 data

3. Largest Health Plans In Indiana By Enrollment

Plan Name	Plan Type	Enrollment*
Medicare Fee-For-Service (FFS)	Medicare	829,292
Anthem Insurance Company, Inc.	Commercial	502,757
WellPoint	Commercial Administrative Services Only (ASO)	366,500
Medicaid FFS	Medicaid	362,358
MDWise Hoosier Healthwise	Medicaid	270,696
UnitedHealth	Commercial ASO	235,839
Anthem Hoosier Healthwise	Medicaid	214,156
Managed Health Services Hoosier Healthwise	Medicaid	183,997
Cigna	Commercial ASO	181,936
UnitedHealthcare Insurance Company	Commercial	114,723

*Based on enrollment as of fourth quarter 2013

4. Largest Health Plans in Indiana By SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	829,292	72,148
Medicaid FFS	Medicaid	362,358	18,118
MDWise Hoosier Healthwise	Medicaid	270,696	13,535
Anthem Hoosier Healthwise	Medicaid	214,156	10,708
Managed Health Services Hoosier Healthwise	Medicaid	183,997	9,200
Anthem Insurance Company, Inc.	Medicare	60,269	5,243
Humana Insurance Company	Medicare	44,591	3,879
UnitedHealthcare Insurance Company	Medicare	37,300	3,245
Anthem Insurance Company, Inc.	Commercial	502,757	2,566
WellPoint	Commercial ASO	366,500	1,651

*Based on enrollment as of fourth quarter 2013

5. Indiana Medicaid System Overview

Medicaid System Governance

State Medicaid Director	Joseph Moser
State Medicaid Director reports to	John J. Wernert, M.D., Secretary, Family and Social Services Administration

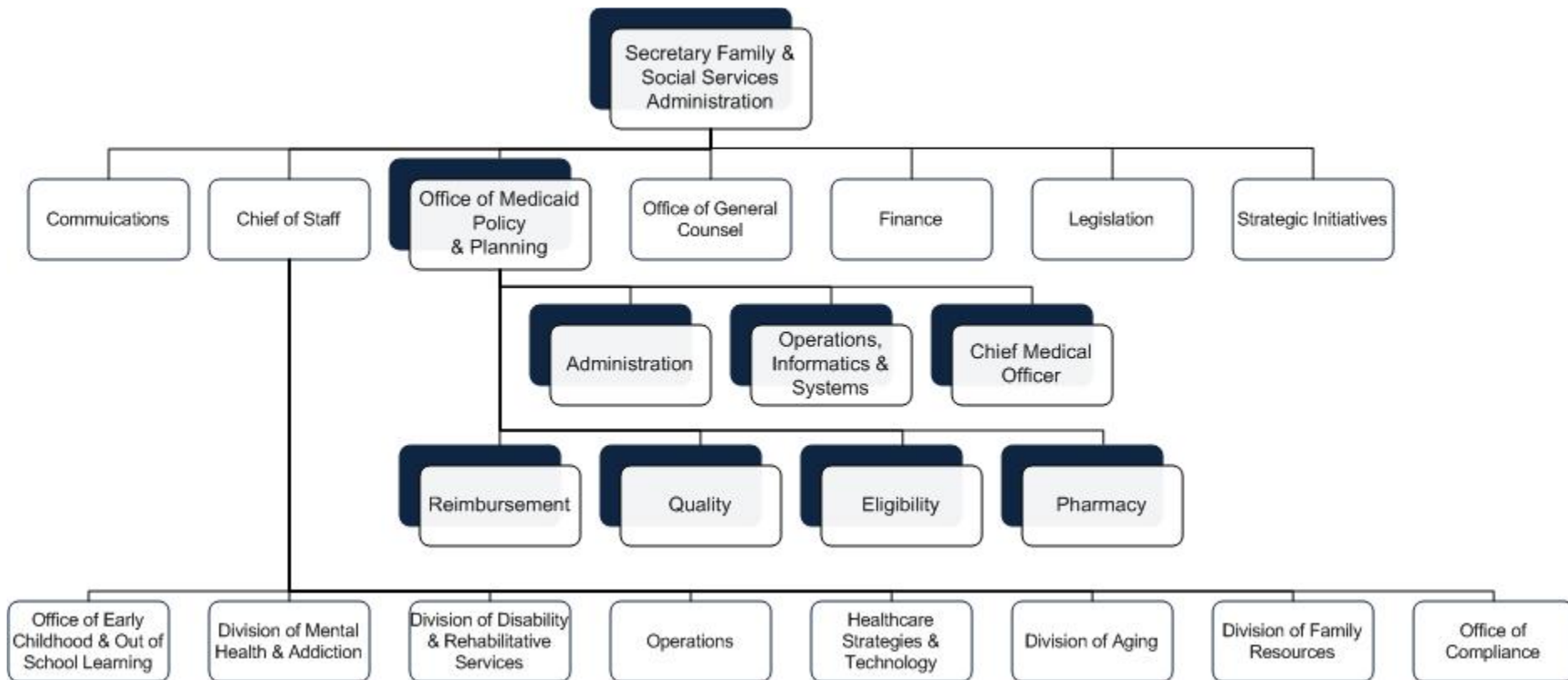
Medicaid Financial Delivery System

State participating in Medicaid expansion?	Yes, as of February 1, 2015
Is managed care mandatory for populations with SMI?	No
Is managed care mandatory for dual eligibles?	No
Total Medicaid population distribution	32% in FFS 68% in Managed Care
Medicaid beneficiaries with SMI: Primary service system	Although, the SMI population has the option to enroll in Care Select, the state's primary care case management (PCCM) program, the majority of the SMI population is served by the FFS delivery system.

Medicaid Financing & Risk Arrangements: Behavioral Health

Traditional Behavioral Health Services	Hoosier Care Connect: Included in the MCO's capitation rate Hoosier Healthwise: Included in MCO's capitation rate Healthy Indiana Plan 2.0: Included in MCO's capitation rate, subject to deductible
Specialty Behavioral Health Services	Hoosier Care Conenct: Excluded from MCO's capitation rate, covered by the state Hoosier Healthwise: Excluded from MCO's capitation rate, covered by the state Healthy Indiana Plan 2.0: Not covered
Pharmaceuticals	Hoosier Care Connect: Included in the MCO's capitation rate Hoosier Healthwise: Excluded from MCO's capitation rate, covered by the state Healthy Indiana Plan 2.0: Included in MCO's capitation rate

6. Indiana Medicaid Governance



6. Indiana Medicaid Governance

Name	Position	Department
Joseph Moser	Medicaid Director	Office of Medicaid Policy and Planning (OMPP)
Pat Nolting	Chief Deputy	OMPP Operations, Informatics, and Systems
Natalie Angel	Chief Deputy	OMPP Administration
Dr. Ann Zerr	Chief Medical Officer	OMPP
Joy Heim	Director	OMPP Reimbursement
Chris Johnson	Director	OMPP Pharmacy
Matt Cesnik	Director	OMPP Eligibility
Angela Amos	Manager	OMPP Waiver

7. Indiana Medicaid System Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center services
5. Laboratory and X-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies for individuals of child-bearing age
9. Physician services
10. Medical and surgical services of a dentist
11. Home health services
12. Nurse midwife services
13. Nurse practitioner services
14. Pregnancy services, including tobacco cessation programs
15. Free standing birth centers
16. Non-emergency transportation to medical care

Indiana's Optional Services

1. Podiatry
2. Optometrists services
3. Chiropractic services
4. Physical, occupational, and speech therapy
5. Private duty nursing services
6. Clinic services
7. Respiratory therapy
8. Prescribed drugs
9. Prosthetic devices
10. Eyeglasses
11. Diagnostic, screening, and preventive services
12. Intermediate care facilities
13. Inpatient psychiatric care for individuals under the age of 22
14. Hospice care
15. Inpatient services for individuals 65 or over in institutions for mental diseases

8. Indiana Medicaid Financing & Service Delivery

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care (MC)
Enrollment	362,358	759,669
SMI Enrollment	The majority of the SMI population is served by Indiana's FFS program because individuals with SMI are included in the aged, blind, and disabled population, which is excluded from managed care.	
Management	OMPP	<ul style="list-style-type: none"> • Hoosier Care Connect: Three MCOs • Hoosier Healthwise: Three MCOs • Healthy Indiana Plan 2.0: Three MCOs
Payment Model	Fee-for-service	<ul style="list-style-type: none"> • Hoosier Care Connect: Capitated rate • Hoosier Healthwise: Capitated rate • Healthy Indiana Plan 2.0: Capitated rate with deductible and benefits limit
Geographic Service Area	Statewide	All programs are statewide

Total Medicaid 1,122,027 | Total Medicaid With SMI 56,101

9. Indiana Medicaid Fee-For-Service

Fee-for-service enrollment as of August 2014 was 362,358.

Mandatory Enrollment In FFS (excluded from managed care)

1. Receiving SSI benefits
2. Children under age 19 receiving adoption assistance
3. Foster children
4. Children age 19-21 residing in an inpatient psychiatric facility
5. Refugee medical assistance
6. Dual eligibles
7. Aged, blind, and disabled individuals
8. MedWorks (working disabled individuals)
9. Receiving family planning services only
10. Breast and cervical cancer program

Optional Enrollment In FFS

Aged, blind, and disabled individuals with the following conditions:

- Asthma
- Chronic kidney disease (non-dialysis)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Depression
- Diabetes mellitus (DM)
- Serious emotional disturbance (SED)
- Severe mental illness (SMI)
- Co-morbidity of diabetes mellitus (DM) and hypertension (HTN)
- Co-morbidities or combinations of any of these disease states

Indiana Medicaid Fee-For-Service

All Medicaid Rehabilitation Option (MRO) services also called specialty behavioral health services must be provided by Community Mental Health Centers.

FFS Behavioral Health Benefits:

- Addictions counseling
- Adult intensive rehabilitation services
- Behavioral health counseling and therapy
- Behavioral health level of need redetermination
- Case management
- Crisis intervention
- Intensive outpatient treatment
- Medication training and support
- Peer recovery services
- Psychiatric assessment and intervention
- Skills training and development

10. Indiana Medicaid Managed Care

- Managed care enrollment as of August 2014 was 759,669.
- Indiana has three statewide managed care programs:
 - Hoosier Care Connect: By June 30, 2015 the program will replace Care Select, the PCCM for the aged, blind, and disabled population([see next slide](#)).
 - Hoosier Healthwise (HHW): MCOs provide services to children and pregnant women. There were 668,849 enrollees as of August 2014.
 - Healthy Indiana Plan 2.0 (HIP 2.0): Approved by the federal Centers for Medicare and Medicaid Services (CMS) in January 2015, HIP 2.0 is the state's alternative Medicaid expansion program. The program replaces Hoosier Healthwise for parent/caretaker relatives and the Healthy Indiana Plan, which provided limited benefits to a limited number of childless low income adults.

Indiana Medicaid Managed Care Program: Hoosier Care Connect

Hoosier Care Connect Key Features

Target Population	<ul style="list-style-type: none"> Children and adults eligible for Medicaid based on age, blindness, or disability (approximately 84,000 individuals) Excludes: <ul style="list-style-type: none"> Dual eligibles Individuals receiving home and community based services Individuals residing in an institutional setting As of May 2015 about 32,000 individuals were enrolled in the program
Care Delivery Model	<ul style="list-style-type: none"> Three MCOs: <ul style="list-style-type: none"> Anthem MDWise Managed Health Services. Health and risk stratification screening for all enrollees: Case management services provided based on need Must demonstrate coordination strategies for carved-out services Option of primary medical provider model
Geographic Service Area	Statewide
Payment Model	<ul style="list-style-type: none"> Per member, per month full-risk capitation rate Pay for performance based on state target measures (withholds and bonuses)
Benefits	<ul style="list-style-type: none"> Acute care benefits Traditional behavioral health benefits Pharmacy, including mental health
Excluded Benefits	<ul style="list-style-type: none"> Medicaid Rehabilitation Option, which is covered by the state and provided by CMHCs HCBS State psychiatric hospital and psychiatric residential treatment facility – individual will be disenrolled from Hoosier Care Connect and enrolled in FFS until they are discharged

Indiana Medicaid Managed Care Program: Hoosier Healthwise

- Hoosier Healthwise covers children and women who are pregnant.
- Indiana contracts with three capitated, risk-based MCOs:
 - Anthem
 - MDwise
 - Managed Health Services
- Plans are available statewide and Hoosier Healthwise enrollees can choose the plan that best fits their needs.

Indiana Medicaid Managed Care Program: Hoosier Healthwise & Care Connect Behavioral Health Benefits

Included In The MCO's Capitation Rate

1. Mental health outpatient services
2. Inpatient mental health services at freestanding inpatient psychiatric facility for individuals between 22 and 65 (must be 16 beds or less)
3. Inpatient substance abuse services at a freestanding psychiatric facility (less than 16 beds)
4. Substance abuse services outpatient

Excluded From The MCO's Capitation Rate (provided by the CMHCs and covered FFS)

MRO Services:

1. Addictions counseling
2. Adult intensive rehabilitation services
3. Behavioral health counseling and therapy
4. Behavioral health level of need redetermination
5. Case management
6. Crisis intervention
7. Intensive outpatient treatment
8. Medication training and support
9. Peer recovery services
10. Psychiatric assessment and intervention
11. Skills training and development

Indiana Medicaid Managed Care Program: Healthy Indiana 2.0

- Healthy Indiana 2.0 (HIP 2.0) is Indiana's alternative Medicaid expansion program that builds upon the HIP 1.0 program.
- HIP 2.0 covered individuals include:
 - All non-disabled adults between the ages of 19 and 64 with income below 138% of the FPL
 - Women who become pregnant while enrolled in HIP 2.0 and choose to remain in the program
 - Native Americans may choose to receive services through HIP 2.0 or the Medicaid FFS delivery system.
- HIP 2.0 offers four benefit packages (see the [next slide](#) for more information) provided through the current Hoosier Healthwise MCOs:
 - HIP Basic
 - HIP Plus
 - HIP Link
 - HIP State Plan-Plus and HIP State Plan- Basic
- All individuals must make contributions to a POWER account, which are modeled after health savings accounts.
 - Monthly contributions to the account cannot exceed 2% of an individual's income, but cannot be less than \$1.00.
 - POWER account funds are used to pay the first \$2,500 of covered claims, mimicking a deductible.
 - For penalties applied to individuals who do not make contributions to their POWER accounts, see the [next slide](#).

Indiana Medicaid Managed Care Program: Healthy Indiana 2.0 Coverage Options

HIP 2.0 Coverage Options

Plan	Eligibility	Payment Model	Benefits Provided
HIP Basic	Individuals with income less than 100% of FPL	<ul style="list-style-type: none"> • Co-payments for services • Do not make POWER account monthly payments 	Alternative benchmark plan
HIP Plus	<ul style="list-style-type: none"> • Individuals with income less than 100% of FPL • Individuals with income up to 138% of FPL 	<ul style="list-style-type: none"> • Flat contribution rate to POWER account based on FPL brackets (cannot exceed 2% of income) • Individuals with income above 100% of FPL are subject to a six month lock-out if they do not make POWER account contributions • Individuals with income below 100% of FPL who do not make contributions are moved to HIP Basic • No co-payments except for non-emergency use of the emergency department 	<ul style="list-style-type: none"> • Alternative benchmark plan • Some state plan benefits

Indiana Medicaid Managed Care Program: Healthy Indiana 2.0 Coverage Options

HIP 2.0 Coverage Options

Plan	Eligibility	Payment Model	Benefits Provided
HIP Basic	Individuals with income less than 100% of FPL	<ul style="list-style-type: none"> • Co-payments for services • Do not make POWER account monthly payments 	Alternative benchmark plan
HIP Plus	<ul style="list-style-type: none"> • Individuals with income less than 100% of FPL • Individuals with income up to 138% of FPL 	<ul style="list-style-type: none"> • Flat contribution rate to POWER account based on FPL brackets (cannot exceed 2% of income) • Individuals with income above 100% of FPL are subject to a six month lock-out if they do not make POWER account contributions • Individuals with income below 100% of FPL who do not make contributions are moved to HIP Basic • No co-payments except for non-emergency use of the emergency department 	<ul style="list-style-type: none"> • Alternative benchmark plan • Some state plan benefits

Indiana Medicaid Managed Care Program: Behavioral Health Overview

Coverage Type	Behavioral Health Services Included In MCO Capitation Rate	Behavioral Health Services Excluded From MCO Capitation Rate
Hoosier Care Connect	<ul style="list-style-type: none"> Traditional behavioral health services (see next slide) Pharmacy 	<ul style="list-style-type: none"> MRO services: Covered by the state and provided by the CMHCs
Hoosier Healthwise	Traditional behavioral health services (see next slide)	<ul style="list-style-type: none"> Pharmacy: Covered by the state MRO services: Covered by the state and provided by CMHCs
HIP 2.0 Basic and Plus	<ul style="list-style-type: none"> Traditional behavioral health benefits Pharmacy 	None, MRO services are not covered for these individuals.
HIP 2.0 State Plan-Basic and Plus	<ul style="list-style-type: none"> Traditional behavioral health services (see next slide) Pharmacy 	MRO services: Excluded from the MCO's capitation rate and covered by the state.

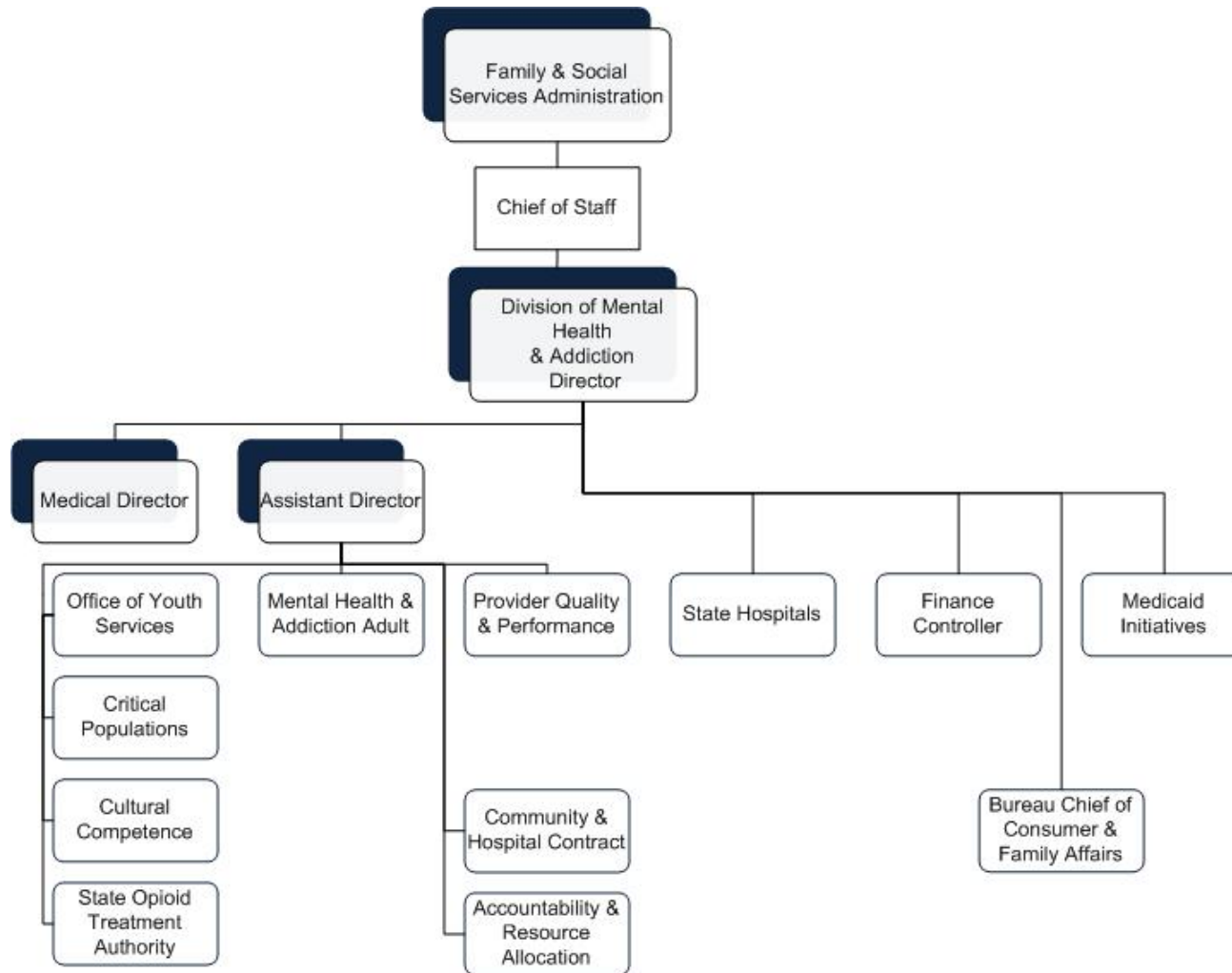
Indiana Medicaid Managed Care: SMI Population

Although the SMI population has the option to enroll in Care Select, the state's primary care case management (PCCM) program, the majority of the SMI population is served by the FFS delivery system.

11. Indiana Medicaid Medical & Health Home Initiatives

Indiana has not submitted a planning request to CMS to indicate that it is interested in adopting health homes.

12. Indiana State Mental Health & Addiction Treatment Department Organization Chart



13. Indiana State Mental Health & Addiction Treatment Department Governance

Name	Position	Department
Kevin Moore	Director	FSSA Division of Mental Health
Andrea Hern	Assistant Director	FSSA Division of Mental Health
Debbie Herrmann	Deputy Director	Mental Health and Addiction Adult
Sue Lummus	Deputy Director	Provider Quality and Performance
Sirrilla Blackmon	Deputy Director	Office of Youth Services, Critical Populations, Cultural Competence, and State Opioid Treatment Authority
Adrienne Shields	Deputy Director	State Hospitals
Vacant	Deputy Director	Medicaid Initiatives
Mike Ferry	Assistant Deputy Director	Community and Hospital Contract, and Accountability and Resource Allocation

14. Indiana State Psychiatric Institutions

Institution Name	Location	Beds	2013 Admissions	2013 Discharges	2013 Daily Census
Evansville State Hospital	Evansville	168	56	59	152
Larue D. Carter Memorial Hospital	Indianapolis	159	95	102	130
Logansport State Hospital	Logansport	170	67	84	145
Madison State Hospital	Madison	150	54	56	106
Richmond State Hospital	Richmond	213	149	162	203
Total		860	421	463	736

15. Indiana Accountable Care Organizations (ACOs)

Medicare Shared Savings Program

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. CHA ACO, LLC 2. Deaconess Care Integration, LLC 3. Doctors ACO, LLC 4. Franciscan AHN ACO, LLC 5. Franciscan Alliance, Inc. 6. Franciscan Riverview Health ACO 7. Franciscan Select Health Network ACO, LLC 8. Franciscan Union ACO 9. Indiana Care Organization, LLC 10. Indiana Lakes ACO 11. Indiana University Health ACO, Inc. 12. Ingalls Care Network, LLC | <ol style="list-style-type: none"> 13. KentuckyOne Health Partners, LLC 14. Mercy Health Select, LLC 15. MissionPoint Evansville, LLC 16. MissionPoint Indianapolis, LLC 17. National Rural ACO 18. National Rural ACO II, LLC 19. Owensboro ACO 20. Quality Independent Physicians, LLC 21. Reid ACO 22. South Bend Clinic Accountable Care 23. Suburban Health ACO 24. The Health Network of Western Kentucky, LLC |
|---|--|

Commercial ACOs

ACO	Commercial Insurer
Franciscan Alliance Accountable Care Organization	Cigna

16. Indiana Health Care Reform Initiatives

Medicaid Expansion	
Choose to participate in expansion?	Yes, expansion occurred February 1, 2015
Medicaid Eligibility Income Limit	133% of FPL Note: The PPACA requires that 5% of income be disregarded with determining eligibility
Specific Legislation Enacted	Senate Enrolled Act 461

Health Insurance Marketplace	
Type of Marketplace	Federal
Individual Enrollment Contact	www.healthcare.gov
	1-800-318-2596
Small Business Enrollment Contact	www.healthcare.gov/small-businesses
	1-800-706-7893

17. Indiana Health Insurance Marketplace Plans

Individual Market

- Ambetter from Managed Health Services
- Anthem Blue Cross and Blue Shield
- MDwise Marketplace
- Physician's Health Plan of Northern Indiana (PHP)

Small Group Market

- Anthem Blue Cross and Blue Shield
- Physician's Health Plan of Northern Indiana (PHP)

18. Indiana Essential Health Benefit Benchmark Plan

Plan Type	Plan from largest small group product, Preferred Provider Organization
Issuer Name	Anthem Insurance Companies, Inc. (Anthem BCBS)
Plan Name	Blue 5 Blue Access PPO Medical Option 6 Rx Option G
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none"> • Pediatric Oral (FEDVIP) • Pediatric Vision (FEDVIP)
Habilitative Services Defined by Plan	Yes; Includes physical therapy (PT), occupational therapy (OT), and speech therapy (ST). Separate 20 visit limit for PT, OT, ST. Benefit limits are shared between rehabilitation and habilitation services.
Biologically Based Mental Illness	Covered the same as any other medical benefit as described in the 2008 Mental Health Parity and Addiction Equity Act

Indiana Essential Health Benefit Benchmark Plan

Benefit		Limit On Service	Exclusions (apply to all benefits)
Non-Biologically Based Mental Illness	Mental/Behavioral Health Outpatient Services	30 visits per year; combined with substance abuse disorder outpatient services	<ul style="list-style-type: none"> • Custodial or domiciliary care • Supervised living or halfway houses • Residential treatment centers • Room and board charges unless the treatment provided meets our medical necessity criteria for inpatient admission patient's condition • Services or care provided or billed by a school, halfway house, custodial care center for the developmentally disabled or outward bound programs, even if psychotherapy is included • Services related to non-compliance of care if the member ends treatment for substance abuse against the medical advice of the provider
	Mental/Behavioral Health Inpatient Services	30 days per year; combined with substance abuse inpatient services	
	Substance Abuse Disorder Outpatient Services	30 visits per year; combined with mental/behavioral health outpatient services	
	Substance Abuse Disorder Inpatient Services	30 days per year; combined with mental/behavioral health inpatient services	

Sources

1. Indiana Health Care Coverage Map

1. The Henry J. Kaiser Foundation. (2014, April 19). State Health Facts: Health Reform Indicators. Retrieved October 13, 2014 from <http://kff.org/state-category/health-reform/>
2. State of Indiana Medicaid Policy and Planning Enrollment. (2014, August). State of Indiana Office of Medicaid Policy and Planning Enrollment Count by Age Group and Health Plan. Retrieved October 13, 2014 from http://www.in.gov/fssa/files/DMA10949_Monthly_Enrollment_August_2014.pdf
3. Thierer, C. (2014, June 20). QHP Landscape Individual Market Medical. Retrieved October 13, 2014 from <https://data.healthcare.gov/dataset/QHP-Landscape-Individual-Market-Medical/b8in-sz6k>
4. Thierer, C. (2014, June 20). QHP Landscape SHOP Market Medical. Retrieved October 13, 2014 from <https://data.healthcare.gov/dataset/QHP-Landscape-SHOP-Market-Medical/ss3e-3mza>

2. Indiana Population Distribution By Payer: National vs. State

1. Centers for Medicare and Medicare Services. (2013, February). Data Analysis Brief Medicare-Medicaid Dual Enrollment from 2006 through 2011. Retrieved October 13, 2014 from http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Enrollment_2006-2011_Final_Document.pdf
2. The Henry J. Kaiser Foundation. (2012). State Health Facts: Health Insurance Coverage of the Total Population. Retrieved October 13, 2014 from <http://kff.org/other/state-indicator/total-population/>
3. The Henry J. Kaiser Foundation. (2014, April 19). State Health Facts: Health Reform Indicators. Retrieved October 13, 2014 from <http://kff.org/state-category/health-reform/>
4. Indiana Office of Medicaid Policy and Planning. (2014, August). State of Indiana Office of Medicaid Policy and Planning Enrollment Count by Age Group and Health Plan. Retrieved October 13, 2014 from http://www.in.gov/fssa/files/DMA10949_Monthly_Enrollment_August_2014.pdf
5. The Kaiser Foundation definition for Medicaid includes dual eligible individuals. To avoid double counting, the number of dual eligibles was subtracted from the total number of Medicaid enrollees.
6. Other Public refers to military and Veteran's Administration coverage.

Sources

3. Largest Health Plans In Indiana By Enrollment

1. Centers for Medicare and Medicaid Services. (2012). Medicare Geographic Variation State/County Table- All Beneficiaries. Retrieved October 13, 2014 from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html
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4. Largest Health Plans in Indiana By SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2012). Medicare Geographic Variation State/County Table- All Beneficiaries. Retrieved July 1, 2014 from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html
2. Health Plans USA. (2013). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>
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5. Indiana Medicaid System Overview

- Compiled from information found throughout the profile.

6. Indiana Medicaid Governance

1. Indiana Office of Medicaid Policy and Planning. (2014, August). IN-13-004-MM4. Retrieved October 13, 2014 from <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IN/IN-13-004-MM4.pdf#page=12&zoom=auto,793,878>
2. Indiana Office of Medicaid Policy and Planning. FSSA Organizational Directory. Retrieved October 13, 2014 from <http://www.in.gov/fssa/3441.htm>

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7. Indiana Medicaid System Benefits

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2. Indiana Office of Medicaid Policy and Planning. (2014). IHCP Provider Manual. Retrieved October 13, 2014 from <http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>

8. Indiana Medicaid Financing & Service Delivery

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2. Indiana Office of Medicaid Policy and Planning. (2014). IHCP Provider Manual. Retrieved October 13, 2014 from <http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>

9. Indiana Medicaid Fee-For-Service

1. Indiana Office of Medicaid Policy and Planning. (2014). Indiana Health Coverage Program Policy Manual. Retrieved October 13, 2014 from http://www.in.gov/fssa/files/Medicaid_PM_1600.pdf
2. Indiana Office of Medicaid Policy and Planning. (2014, June). Medicaid Rehabilitation Option (IN-03). Retrieved October 13, 2014 from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IN_Medicaid-Rehabilitation-Option_IN-03.pdf

10. Indiana Medicaid Managed Care

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Indiana Medicaid Managed Care Program: Hoosier Care Connect

1. Indiana Office of Medicaid Policy and Planning. (2014, August). Hoosier Care Connect Frequently Asked Questions. Retrieved October 13, 2014 from <http://www.openminds.com/wp-content/uploads/indres/070114hoosiercareconnectfaq.pdf>
2. Indiana Office of Medicaid Policy and Planning. (2014). RFP 15-001. Retrieved October 13, 2014 from <http://www.in.gov/idoa/proc/bids/rfp-15-001/>

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Indiana Medicaid Managed Care Program: Hoosier Healthwise

1. Indiana Office of Medicaid Policy and Planning. (2013). Healthy Indiana Plan 1.0. Retrieved October 13, 2014 www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-HIP/in-healthy-indiana-plan-stc-01162013-12312013.pdf
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Indiana Medicaid Managed Care Program: Healthy Indiana Plan 2.0

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