

BENEFITS AT-A-GLANCE

CareSource Indiana Medicaid – Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP)



At CareSource, we care about you. We know that there is more to health and well-being than just great health care. That's why CareSource offers benefits and services that go beyond basic care. This guide lists the benefits you have as a CareSource member. Use it to put your benefits to work for you! To learn more about how to use your benefits, please refer to your member handbook, go to **CareSource.com**, or call Member Services. We're here to help.

Member Services

1-844-607-2829

(TTY: 1-800-743-3333
or 711)

Monday through Friday
from 8 a.m. to 8 p.m. ET.

BENEFITS

Health Care Visits

Chiropractor †
Community Mental Health Center (CMHC)
Convenience Care Clinics inside of stores like CVS®, Kroger® and Walmart®
Emergency Room (ER)
Health Service provided at a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)
Free-Standing Birth Centers
Hospital (Inpatient* and Outpatient)
Primary Medical Providers (PMPs) like doctors, OB/GYNs, Physician Assistants and Nurse Practitioners
Specialists (e.g., Podiatrist, Neurologist and Oncologist)
Telehealth, virtual doctor visit over the phone or online through Teladoc, coming January 1, 2023, or with your PMP
Urgent Care

Preventive and Early Detection Care/Screenings

Annual Well Visit
Autism Spectrum Disorder Screening
Blood Pressure Screening
Bone Mass Measurements
Cholesterol Screening
Colorectal Cancer Screening †
Diabetes Tests
Disease Tests and Treatments (e.g., Hepatitis, HIV, and Sexually Transmitted Infection/ Sexually Transmitted Disease)
Immunizations (Shots)
Lung Cancer Screening
Breast Cancer Screening (Mammogram)
Nutritional Assessment
Obesity/BMI Screening and Dietary Counseling
Cervical and Vaginal Cancer Test (Pap smear)
Physical Exams
Prostate Cancer Screening

HealthWatch® EPSDT Program (Early and Periodic Screening, Diagnostic and Treatment) (Under age 21)

Comprehensive Health and Developmental Exam
Dental Screening
Developmental/Behavioral Test
Health Education
Hearing Tests
Immunizations (Shots)
Lab Tests
Lead Screenings
Nutritional Assessment
Vision Exams

Health Condition Management

Chemotherapy and Radiation
Diabetes Screening
Diabetes Self-Management Training
Diabetic Services and Supplies
Dialysis
Kidney Disease Services and Supplies*
Pulmonary Rehabilitation Services*

Diagnostics

Blood Work/Lab Testing*
Scans (e.g., CT, MRI and PET)*
X-Rays

Heart

Abdominal Aortic Aneurysm Tests
Cardiac Rehabilitation Services*
Heart Disease Risk Reduction Visit* (Therapy for Heart Disease) †
Heart Disease Testing
Electrocardiogram (ECG/EKG)

Behavioral Health (Mental Health and Substance Use)

All Inpatient Services*
Partial Hospitalization Program (PHP) Services*
Psychiatric Diagnostic Evaluation*
Psychological Testing*
Intensive Outpatient Program/ Treatment (IOP/IOT) Services*
Transcranial Magnetic Stimulation (TMS)*
Individual Therapy*
Family Therapy*
Group Therapy*

Substance Use Disorder (SUD) Residential*

Electroconvulsive Therapy (ECT)*

Medication Assisted Treatment (MAT)

Pharmacological Management
Opioid Treatment Program (OTP) Services

Pharmacy and Medications (* PA may be required)

Brand and Generic Drugs
Mail Order Drugs

Over-the-Counter (OTC) Items (When filled by the pharmacist. Prescription from your doctor is required.)

Medical Supplies

Cochlear Implants
Diabetic Supplies
Durable Medical Equipment (DME) and Related Supplies* (e.g., Oxygen Tank, Wheelchair/Walkers, Wound Care and CPAP Machine)
Incontinence Supplies
Nutritional Supplies
Prosthetic Devices and Related Supplies

Family Planning and Maternity Services

Birth Control
Breast Pumps
Family Planning Exams
Nurse Midwife Services
Parent Education

Prenatal and Postnatal Doctor and Home Visits

Sexually Transmitted Infection/Sexually Transmitted Disease Screenings and Treatment
Well-Baby Check-Ups

Home Health Care*

Durable Medical Equipment (DME – see Medical Supplies)
Home Infusion Therapy
Home Nursing Services (e.g., Skilled Nursing, Private Duty, Certified Nurse Aid and Social Worker)
Physical, Occupational and Speech Therapy*

Vision/Eye Care †

Contacts*
Glasses
Eye Exams

Dental †

Exams and Cleanings
X-Rays
Dentures/Partials †
Fluoride Treatments (For ages 0-20)
Orthodontics † (Covers medically necessary orthodontic care only, ages 0-20)
Surgeries and Procedures (e.g., Extractions and Restorations)

Transportation Services

Emergency (Ambulance, Air Flights*)
Non-Emergency (Scheduled Ride, Bus, Wheelchair Access) †

Other Care

Anesthesia
Adaptive Behavior Treatment*
Allergy Testing and Treatment
Lung Cancer Screening †
Counseling/Interventions to Quit Smoking/Using Tobacco (Smoking Cessation)
Hearing (Audiology) (e.g., Exams, Hearing Aids* and Cochlear Implant Therapy)
Hospice (Facility and Home, not covered by HHW)
Inhalation Therapy
Medical Nutrition Therapy
Nutritional Counseling
Pain Management*
Podiatry (Foot) Services
Surgeries (e.g., General, Bariatric, Reconstructive and Transplant)
TMJ Treatment (Jaw pain or problems with jaw movement)

Additional Programs, Services, and Rewards

Babies First® (Rewards Program)
Kids First (Rewards Program)
Text4Baby (Pregnancy Education Texts)
Care Management
CareSource24® — 24 Hour Nurse Advice Line
CareSource Mobile App
Disease Management (Chronic conditions like asthma, diabetes, high blood pressure, etc.)

Fifth Third Express Banking®
Health and Wellness Education Programs
CareSource Life Services® (support with food and housing)
CareSource JobConnect™ (support with employment and education)
Medication Therapy Management
MyHealth Online Tool and Rewards
myStrengthSM Online Mental Health Tool
Personal Wellness and Responsibility Account (POWER Account) ‡

‡ Available only for certain HIP plans

† Available only for certain HHW and HIP plans. Prior authorization may be required.

* Prior authorization may be required as medically necessary. This means that CareSource must approve the service before you receive it. Your primary medical provider (PMP) will request the approval from CareSource. This is done for services that are not routine. This is to make sure it is best for you and it is covered.

This version replaces all previous versions.

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