

POWER Account Funds Calculator

*Point of Service
Payments*



Hoosier Healthwise

Healthy Indiana Plan

Hoosier Care Connect



POWER Account Overview

In the Healthy Indiana Plan (HIP), the first \$2,500 of medical expenses for covered benefits are paid with a special savings account called a Personal Wellness and Responsibility (POWER) account. The state contributes most of this amount, but every HIP member is also responsible for making a contribution to their POWER Account.

- HIP Plus members do this through their monthly POWER Account contribution.
- HIP Basic members contribute at the time of service with their copayment amounts.

MHS is excited to unveil the new **POWER Account Funds Calculator** for Point of Service Payments! Now providers can be paid in real-time for services rendered for HIP members. Simply use this tool to determine the amount of POWER Account Funds that can be charged at the Point of Service, and then swipe the POWER Account card to collect payment in real-time.

POWER Account Card Overview

- Serves as the member ID card.
- Providers can use it like a debt card for real-time Point of Service payments.
- Members are instructed to present to provider at time of service.
- Mailed to member as soon as they become fully eligible for HIP.
- Maintains a \$0.00 balance until funded through POWER Account Funds Calculator.
- Contains the following info:
 - The member's RID, to allow the provider to check eligibility
 - RX BIN #, for the pharmacy to know how to charge for Rx.
 - A statement indicating the card cannot be used for member copays
 - MHS contact information

How the POWER Account Card Works

- The card is funded in real-time for the specific claim amount through the MHS POWER Account Funds Calculator tool.
- The amount loaded onto the card is the portion of the first \$2500 of covered services for the HIP member.
- Once the card is loaded with the appropriate claim amount, the provider can swipe the card to pay for covered services in real-time.

**The POWER Account card cannot be used for member co-payments, preventive services or facilities services. (services billed on a UB04 form)*

Who Can use the POWER Account Funds Calculator?

Par Providers:

- Medical
- Behavioral Health
- Vision

**The Point of service payment process for Dental providers can be found online at dentaquest.com/hipcostestimator/*

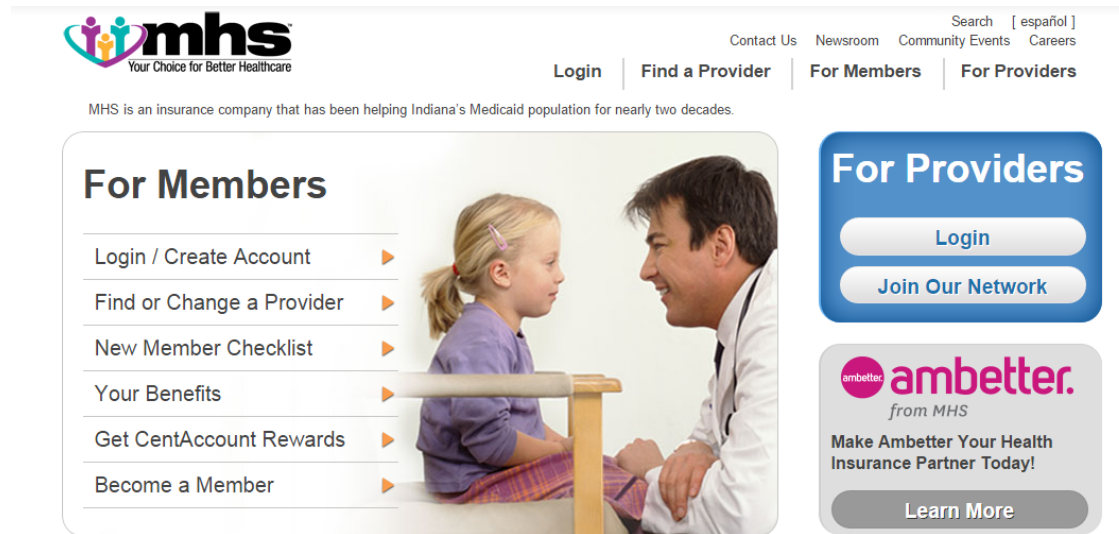
How the POWER Account Card Funds Calculator Tool Works

- Provider logs into the MHS Secure Provider Portal
**Requires a provider portal registration account.*
- Provider launches POWER Account Funds Calculator.
- Provider agrees to terms of use.
- Provider inputs required fields into the calculator.
- The Calculator is programmed based on the HIP reimbursement manual.
- The Calculator will only return lower of POWER Account balance or the lowest reimbursement amount for a specific code.
- Real-time funding will only occur when:
 - The provider agrees to terms of the transaction.
 - The provider confirms the 'fund card' button during the transaction.

What You Need to Get Started

1. An MHS Provider Portal Account
2. Member RID
3. Rendering Provider NPI
4. Billing Provider NPI
5. Procedure Code
6. Diagnosis Code
7. Merchant ID and terminal to swipe the card

Step One: Log on to the Secure Provider Portal



The screenshot shows the MHS website homepage. At the top left is the MHS logo with the tagline "Your Choice for Better Healthcare". To the right are navigation links: "Contact Us", "Newsroom", "Community Events", and "Careers". Further right are "Search" and "[español]". Below these are four main navigation buttons: "Login", "Find a Provider", "For Members", and "For Providers". A central banner features a photo of a doctor talking to a young girl. To the left of the photo is a "For Members" menu with links: "Login / Create Account", "Find or Change a Provider", "New Member Checklist", "Your Benefits", "Get CentAccount Rewards", and "Become a Member". To the right of the photo is a "For Providers" section with two buttons: "Login" and "Join Our Network". Below this is an "ambetter. from MHS" advertisement with the text "Make Ambetter Your Health Insurance Partner Today!" and a "Learn More" button. A blue arrow points from the text "Click 'Login'" to the "Login" button in the "For Providers" section.

Click "Login"

Featured Items




Tour de Cure
 Proudly supports American Diabetes Association.
 Register here for Tour de Cure Indianapolis



HEALTHY INDIANA PLAN
 Health Coverage = Peace of Mind
 The New HIP Program
 Member and Provider resources for the new HIP



Hoosier CARE CONNECT
 Hoosier Care Connect
 Learn more about the Hoosier Care Connect program



POWERAccount
 Need to make a payment?
 Pay Online!
 Online Payments
 Make payments or check your balance

Features Join Our Network [CREATE ACCOUNT](#)

The Tools You Need Now!

Our site has been designed to help you get your job done.
For registration or secure website questions call (866) 912-0327.
Manage all products with ease in one location

Check Eligibility
Find out if a member is eligible for service.

Authorize Services
See if the service you provide is reimbursable.

Manage Claims
Submit or track your claims and get paid fast.

Login

User Name (Email)

Password

[Login](#)

[Forgot Password / Unlock Account](#)

Need To Create An Account?
Registration is fast and simple, give it a try.

[Create An Account](#)

How to Register
Our registration process is quick and simple. Please click the button to learn how to register.

[Provider Registration Video](#)

[Provider Registration PDF](#)

Features

- Easily check patient eligibility
- View, manage, and download your patient list
- View and submit claims
- View and submit service authorizations
- Communicate with us through secure messaging
- Maintain multiple providers on one account
- Control website access for your office
- View historical patient health records
- Submit assessments to provide better patient care
- Update provider demographic data

Join Our Network

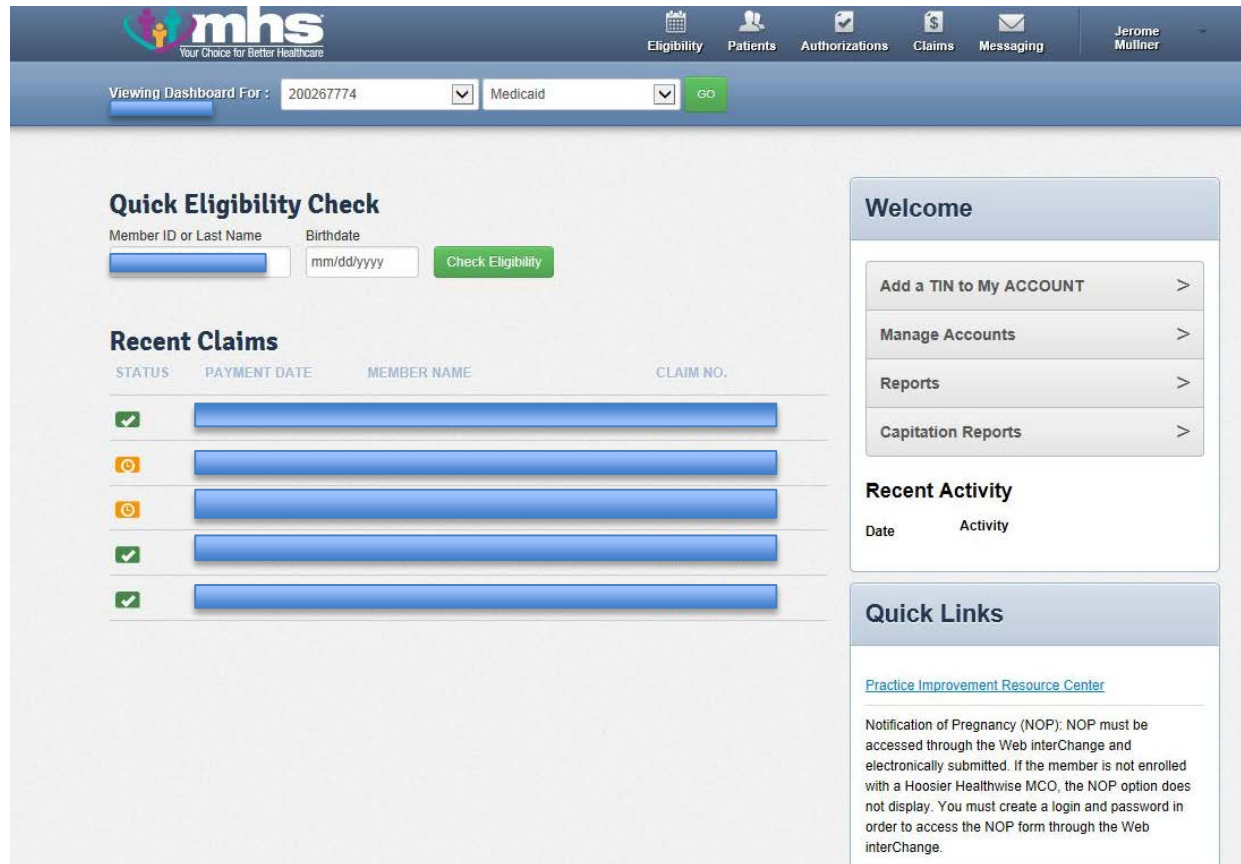
If you haven't already, join our network to access all the great features and benefits of our health plan.

[Contract Request Form](#)

[Terms & Conditions](#) [Privacy Policy](#) Copyright © 2015, Centene Corporation

Registration process is same for Dental/Vision and Medical.
Enter User ID and Password to enter site.

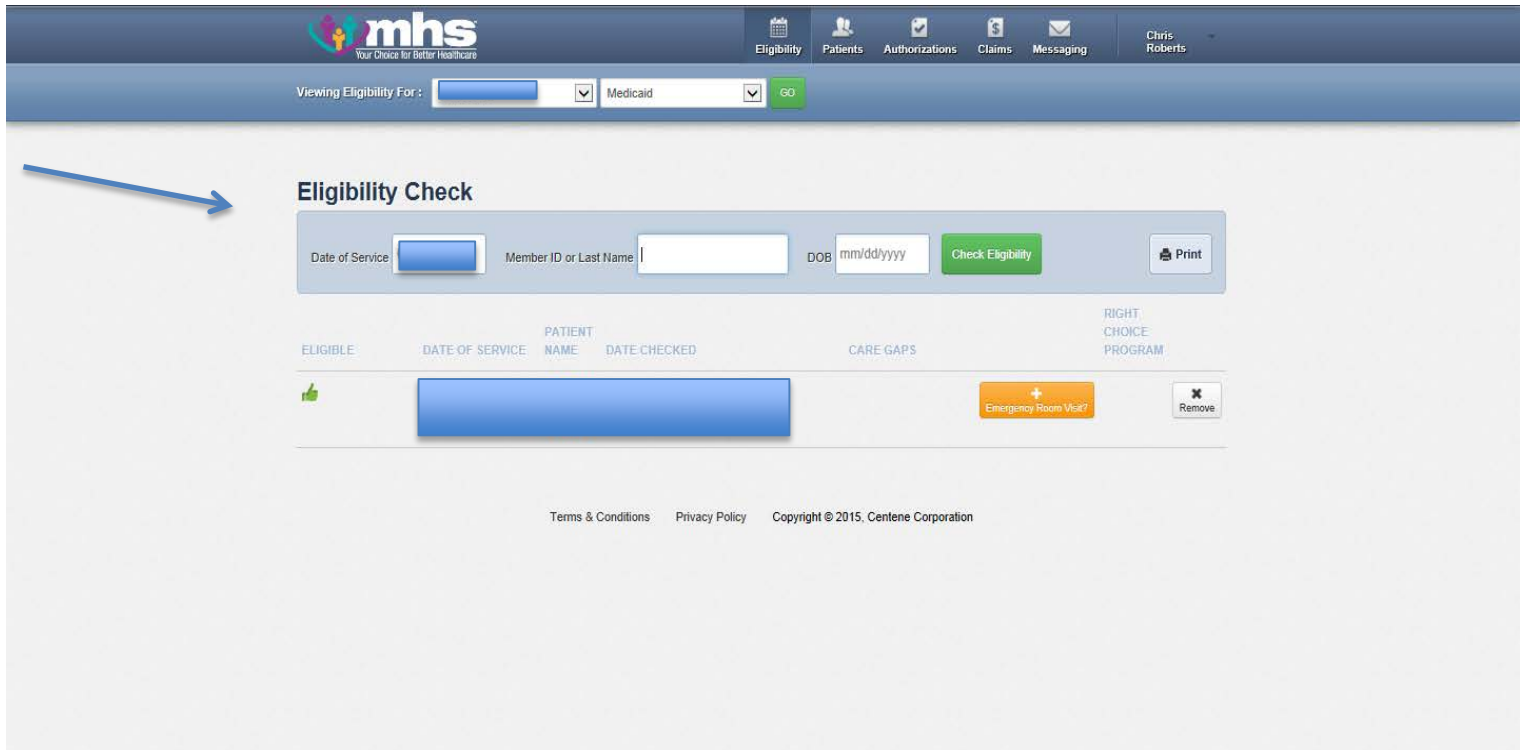
Upon logging into the Portal, this is the first screen you see.



The screenshot shows the mhs portal dashboard for user Jerome Mullner. The top navigation bar includes links for Eligibility, Patients, Authorizations, Claims, and Messaging. The main content area features a 'Quick Eligibility Check' form with fields for Member ID or Last Name (200267774) and Birthdate (mm/dd/yyyy), and a 'Check Eligibility' button. Below this is a 'Recent Claims' table with columns for STATUS, PAYMENT DATE, MEMBER NAME, and CLAIM NO. The table lists five claims, with the first and last having green checkmarks and the middle three having orange warning icons. On the right side, there is a 'Welcome' section with a list of account management options: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Capitation Reports'. Below that is a 'Recent Activity' section with columns for Date and Activity. At the bottom right, there is a 'Quick Links' section with a link to the 'Practice Improvement Resource Center' and a paragraph of text regarding the Notification of Pregnancy (NOP) form.

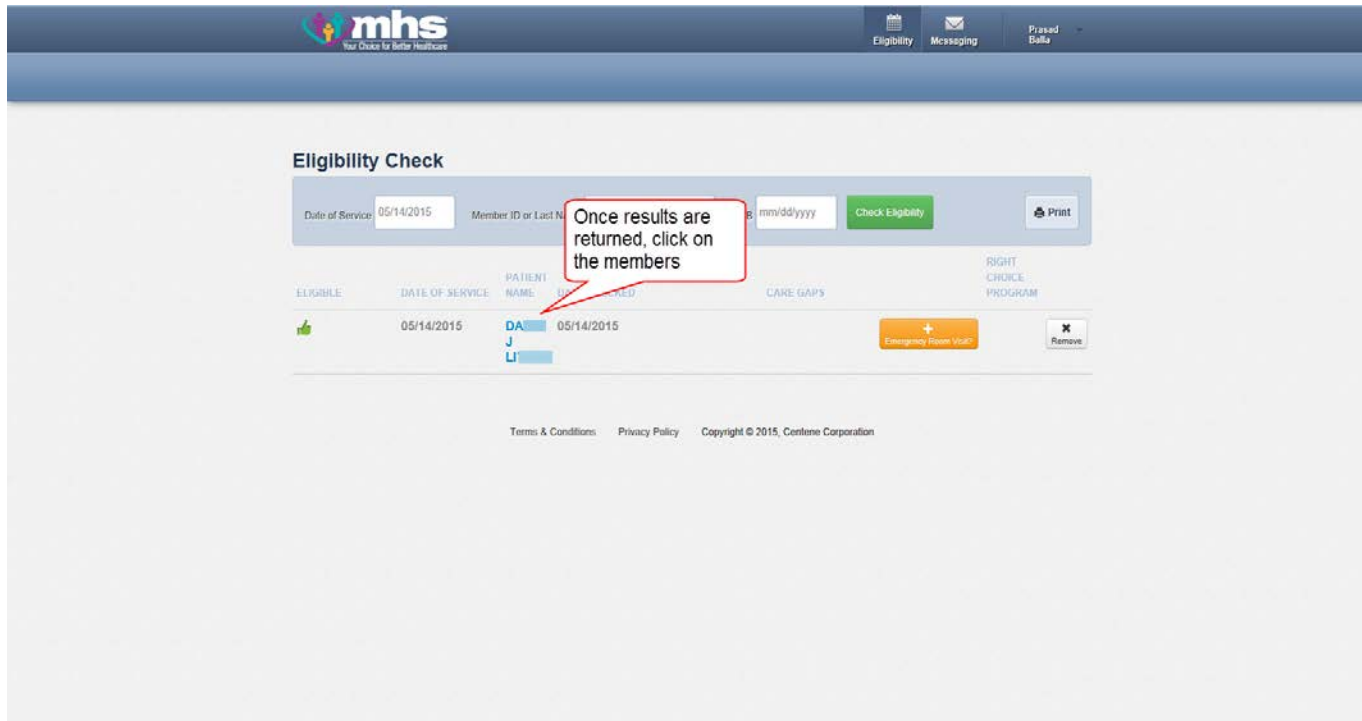
Step Two: Upon login, check eligibility check. Provider can access member eligibility and co-payment info for members assigned to their panel.

Enter Member's RID or Last name & DOB, then click "Check Eligibility"




The screenshot shows the mhs web application interface. At the top, there is a navigation bar with the mhs logo and the tagline "Your Choice for Better Healthcare". To the right of the logo are several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. The user's name, "Chris Roberts", is displayed in the top right corner. Below the navigation bar, there is a search area with the text "Viewing Eligibility For:" followed by two dropdown menus. The first dropdown is currently empty, and the second is set to "Medicaid". A green "GO" button is to the right of the second dropdown. Below this is the "Eligibility Check" section. It contains three input fields: "Date of Service" (with a calendar icon), "Member ID or Last Name" (with a search icon), and "DOB" (with a date format "mm/dd/yyyy" and a calendar icon). To the right of these fields is a green "Check Eligibility" button and a "Print" button. Below the input fields is a table with the following columns: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, CARE GAPS, and RIGHT CHOICE PROGRAM. The first row of the table shows a green thumbs-up icon in the "ELIGIBLE" column, a large blue rectangular area in the "DATE OF SERVICE" column, and an orange button with a plus sign and the text "Emergency Room Visit?" in the "CARE GAPS" column. A "Remove" button is in the "RIGHT CHOICE PROGRAM" column. At the bottom of the page, there are links for "Terms & Conditions", "Privacy Policy", and "Copyright © 2015, Centene Corporation".

Step Three: Click on member



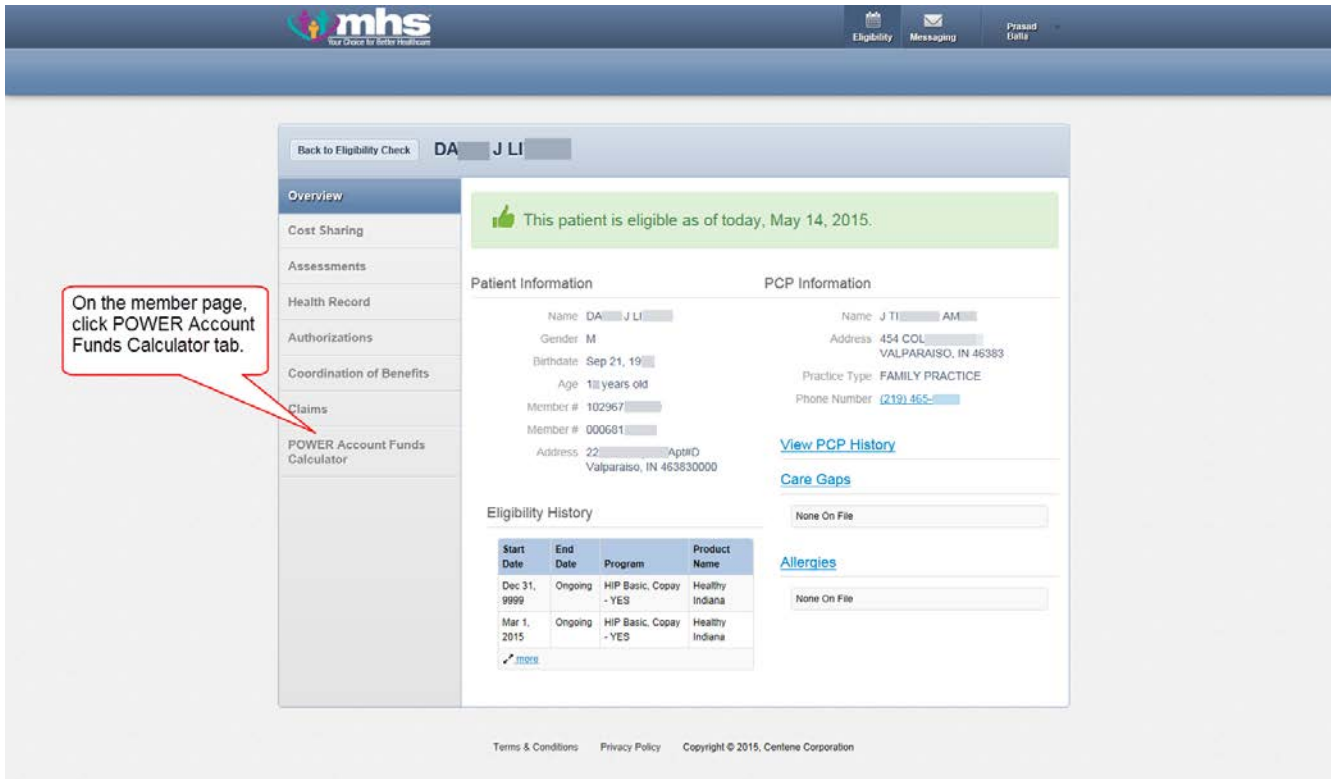
Eligibility Check

Date of Service: 05/14/2015 Member ID or Last Name: mm/dd/yyyy [Check Eligibility](#) [Print](#)

| ELIGIBLE | DATE OF SERVICE | PATIENT NAME | DOB | CARE GAPS | RIGHT CHOICE PROGRAM |
|---|-----------------|--------------|------------|--|--------------------------|
|  | 05/14/2015 | DA J LI | 05/14/2015 | + Emergency Room Visit | x Remove |

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Step Four: After Eligibility Confirmation, click on the 'POWER Account Funds Calculator' to begin transaction.



Back to Eligibility Check DA J LI

Overview

- Cost Sharing
- Assessments
- Health Record
- Authorizations
- Coordination of Benefits
- Claims
- POWER Account Funds Calculator**

Eligibility Confirmation: This patient is eligible as of today, May 14, 2015.

Patient Information

Name: DA J LI
 Gender: M
 Birthdate: Sep 21, 19
 Age: 18 years old
 Member #: 102967
 Member #: 000681
 Address: 22 Apt#D Valparaiso, IN 463830000

PCP Information

Name: J TI AM
 Address: 454 COL VALPARAISO, IN 46383
 Practice Type: FAMILY PRACTICE
 Phone Number: (219) 465-
[View PCP History](#)
[Care Gaps](#)

Eligibility History

| Start Date | End Date | Program | Product Name |
|--------------|----------|------------------------|-----------------|
| Dec 31, 9999 | Ongoing | HIP Basic, Copay - YES | Healthy Indiana |
| Mar 1, 2015 | Ongoing | HIP Basic, Copay - YES | Healthy Indiana |

[more](#)

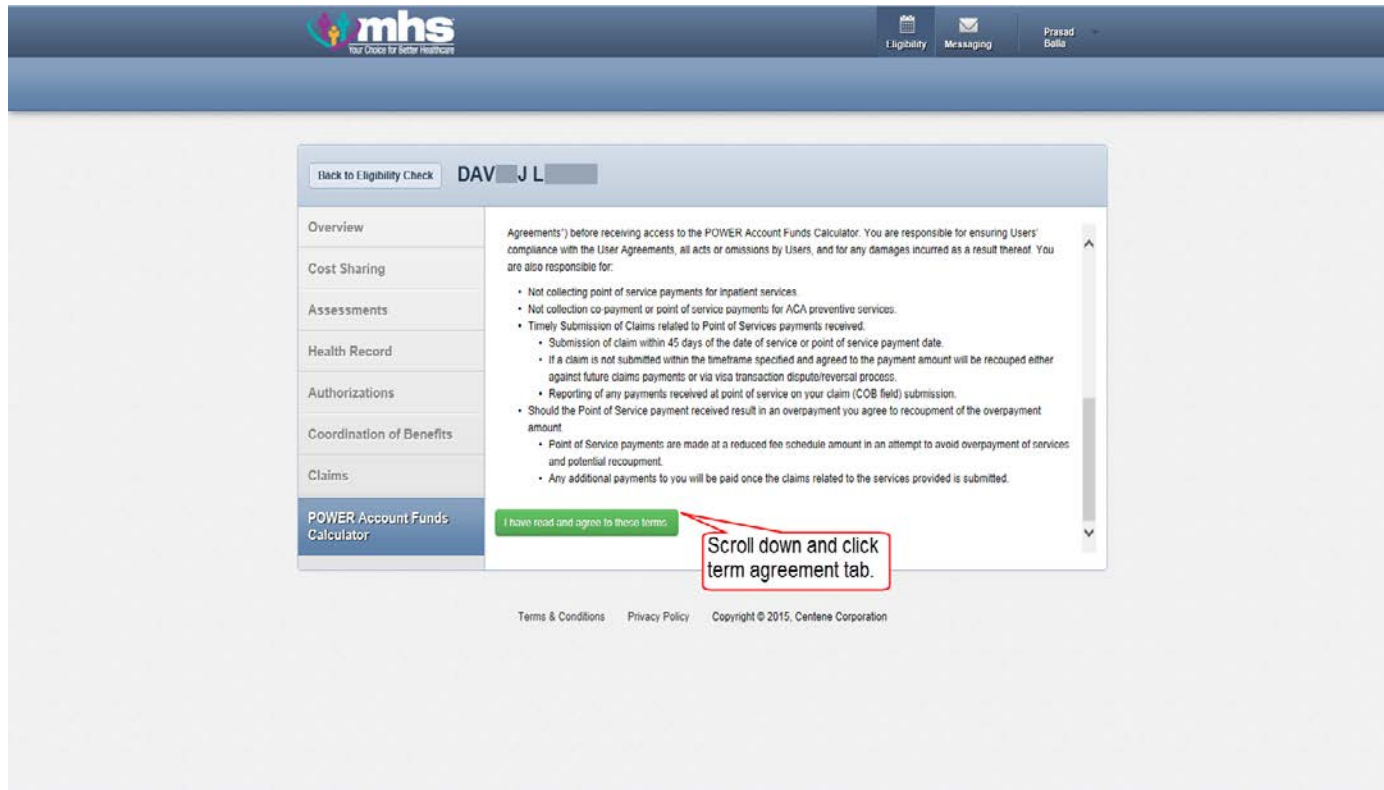
Allergies

None On File

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On the member page, click POWER Account Funds Calculator tab.

Step Five: Read & Accept User Agreement



The screenshot shows the mhs user agreement screen. At the top, there is a navigation bar with the mhs logo and the text "Your Choice for Better Healthcare". To the right of the logo are three icons: "Eligibility", "Messaging", and "Print Bills". Below the navigation bar, there is a header area with a "Back to Eligibility Check" button and the user ID "DAV J L". The main content area is divided into two columns. The left column contains a list of menu items: "Overview", "Cost Sharing", "Assessments", "Health Record", "Authorizations", "Coordination of Benefits", "Claims", and "POWER Account Funds Calculator". The right column contains the text of the user agreement, which includes a list of bullet points detailing the user's responsibilities. A green button labeled "I have read and agree to these terms." is located at the bottom of the agreement text. A red box highlights this button with the text "Scroll down and click term agreement tab." Below the agreement text, there are links for "Terms & Conditions", "Privacy Policy", and "Copyright © 2015, Centene Corporation".

Back to Eligibility Check DAV J L

Overview

Cost Sharing

Assessments

Health Record

Authorizations

Coordination of Benefits

Claims

POWER Account Funds Calculator

Agreements") before receiving access to the POWER Account Funds Calculator. You are responsible for ensuring Users' compliance with the User Agreements, all acts or omissions by Users, and for any damages incurred as a result thereof. You are also responsible for:

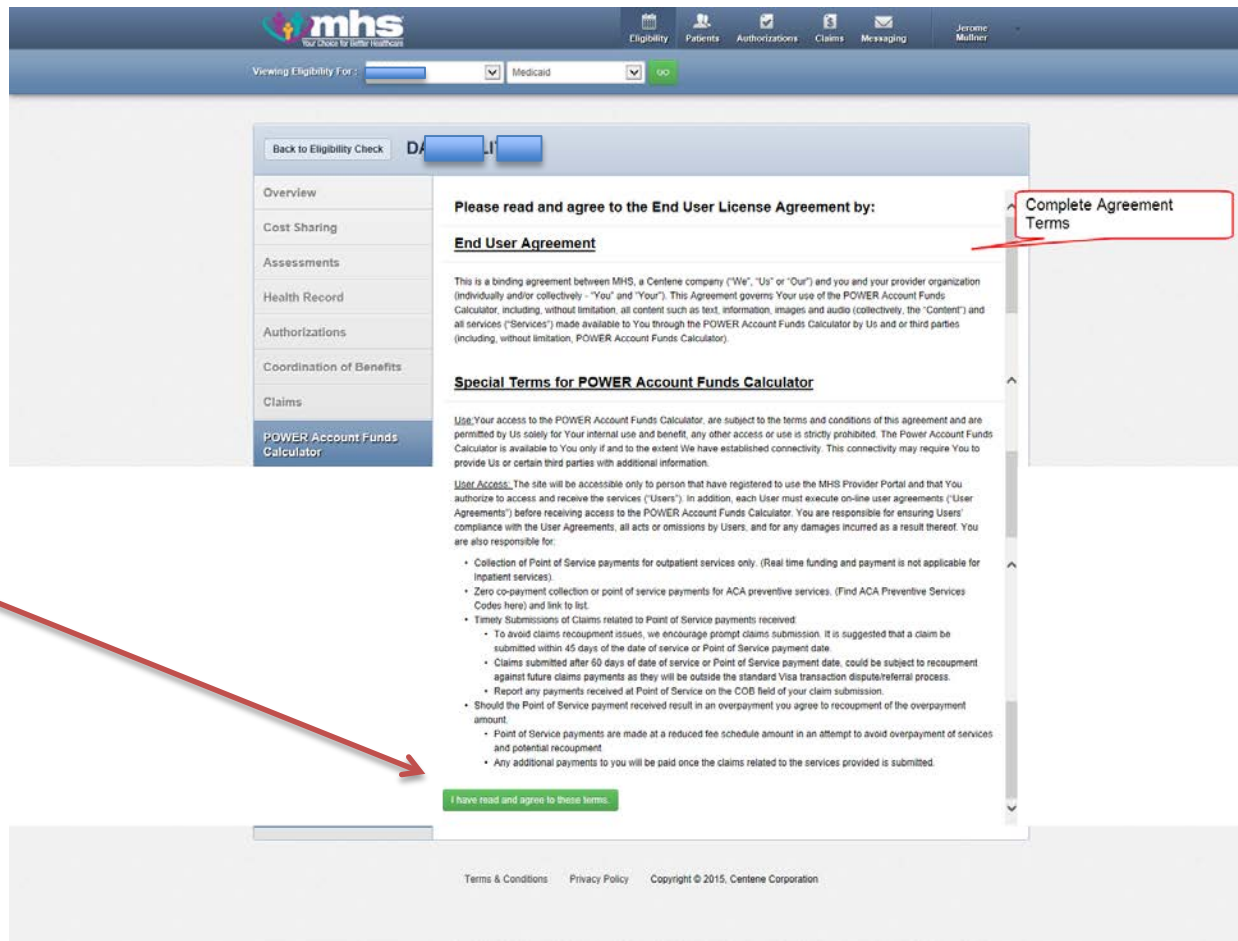
- Not collecting point of service payments for inpatient services
- Not collection co-payment or point of service payments for ACA preventive services.
- Timely Submission of Claims related to Point of Services payments received.
 - Submission of claim within 45 days of the date of service or point of service payment date.
 - If a claim is not submitted within the timeframe specified and agreed to the payment amount will be recouped either against future claims payments or via visa transaction dispute/reversal process.
 - Reporting of any payments received at point of service on your claim (COB field) submission.
- Should the Point of Service payment received result in an overpayment you agree to recoupment of the overpayment amount
 - Point of Service payments are made at a reduced fee schedule amount in an attempt to avoid overpayment of services and potential recoupment.
 - Any additional payments to you will be paid once the claims related to the services provided is submitted.

I have read and agree to these terms.

Scroll down and click term agreement tab.

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Step Five Cont.: Read & Accept User Agreement



Viewing Eligibility For: Medicaid

Back to Eligibility Check

- Overview
- Cost Sharing
- Assessments
- Health Record
- Authorizations
- Coordination of Benefits
- Claims
- POWER Account Funds Calculator**

Please read and agree to the End User License Agreement by:

End User Agreement

This is a binding agreement between MHS, a Centene company ("We", "Us" or "Our") and you and your provider organization (individually and/or collectively - "You" and "Your"). This Agreement governs Your use of the POWER Account Funds Calculator, including, without limitation, all content such as text, information, images and audio (collectively, the "Content") and all services ("Services") made available to You through the POWER Account Funds Calculator by Us and or third parties (including, without limitation, POWER Account Funds Calculator).

Special Terms for POWER Account Funds Calculator

Use Your access to the POWER Account Funds Calculator, are subject to the terms and conditions of this agreement and are permitted by Us solely for Your internal use and benefit, any other access or use is strictly prohibited. The Power Account Funds Calculator is available to You only if and to the extent We have established connectivity. This connectivity may require You to provide Us or certain third parties with additional information.

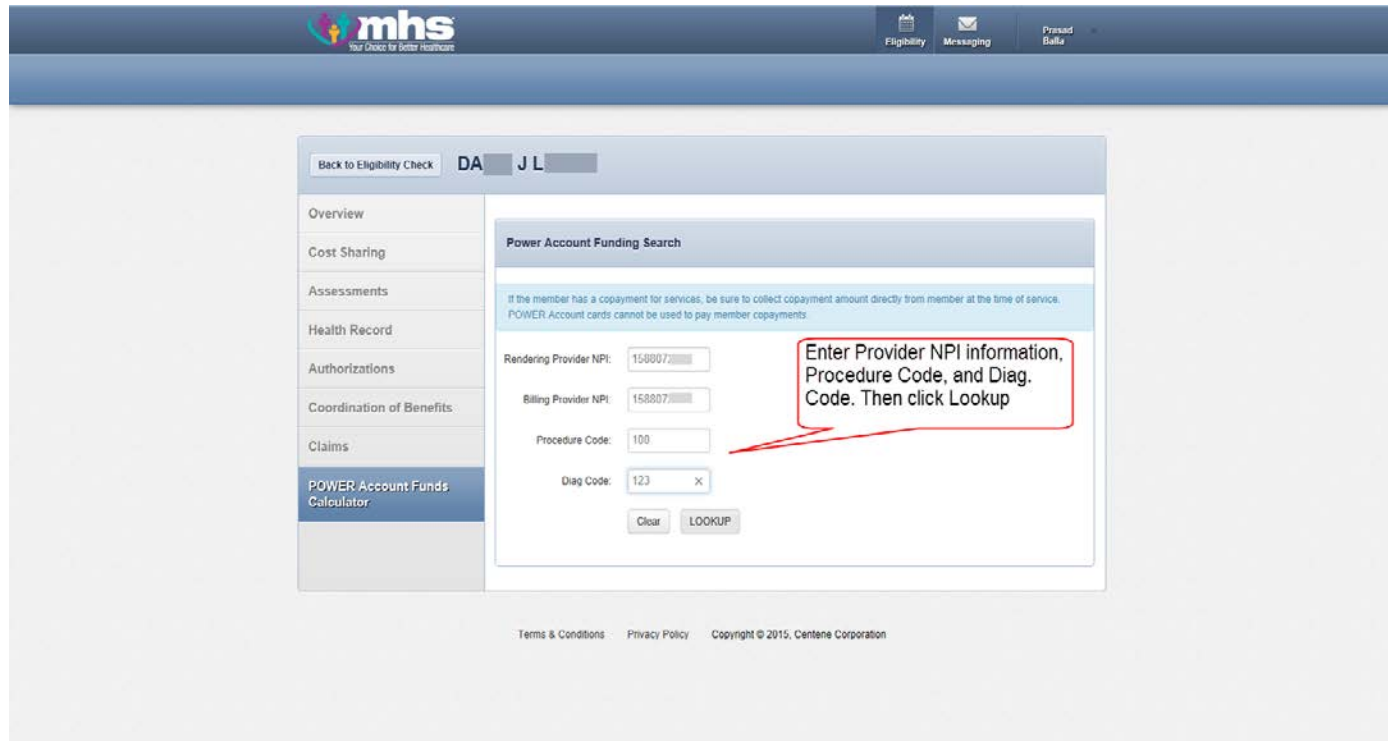
User Access. The site will be accessible only to person that have registered to use the MHS Provider Portal and that You authorize to access and receive the services ("Users"). In addition, each User must execute on-line user agreements ("User Agreements") before receiving access to the POWER Account Funds Calculator. You are responsible for ensuring Users' compliance with the User Agreements, all acts or omissions by Users, and for any damages incurred as a result thereof. You are also responsible for:

- Collection of Point of Service payments for outpatient services only. (Real time funding and payment is not applicable for inpatient services).
- Zero co-payment collection or point of service payments for ACA preventive services. (Find ACA Preventive Services Codes here) and link to list.
- Timely Submissions of Claims related to Point of Service payments received
 - To avoid claims recoupment issues, we encourage prompt claims submission. It is suggested that a claim be submitted within 45 days of the date of service or Point of Service payment date.
 - Claims submitted after 60 days of date of service or Point of Service payment date, could be subject to recoupment against future claims payments as they will be outside the standard Visa transaction dispute/referral process.
 - Report any payments received at Point of Service on the COB field of your claim submission.
- Should the Point of Service payment received result in an overpayment you agree to recoupment of the overpayment amount.
 - Point of Service payments are made at a reduced fee schedule amount in an attempt to avoid overpayment of services and potential recoupment.
 - Any additional payments to you will be paid once the claims related to the services provided is submitted.

Complete Agreement Terms

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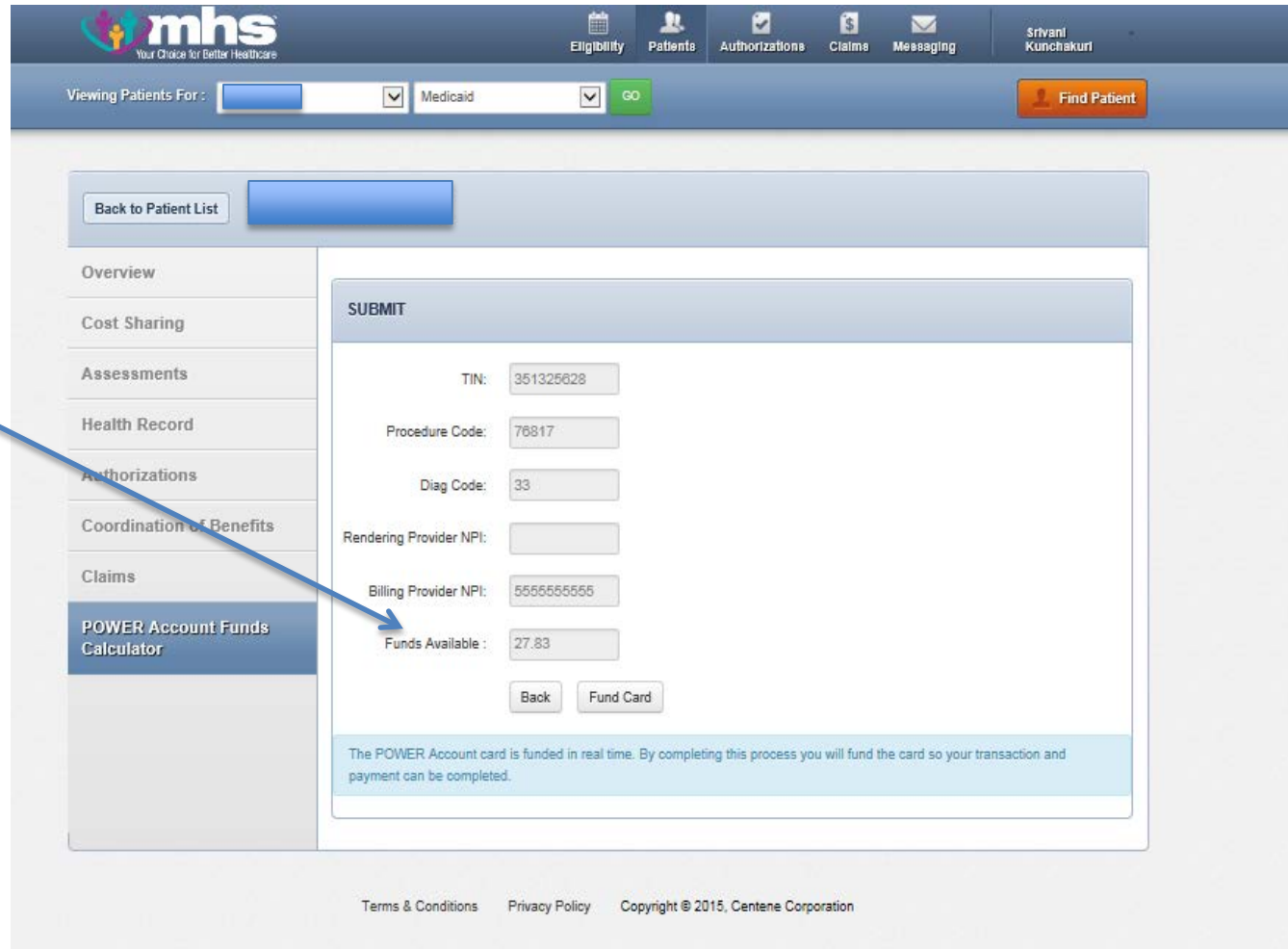
Step Six: Enter the required fields and click “Lookup” to confirm the approved amount to fund the POWER Account card.



The screenshot shows the mhs website interface for the POWER Account Funding Search. The top navigation bar includes the mhs logo and links for Eligibility, Messaging, and Pressed Balls. The main content area features a sidebar with navigation options: Overview, Cost Sharing, Assessments, Health Record, Authorizations, Coordination of Benefits, Claims, and POWER Account Funds Calculator. The main panel is titled "Power Account Funding Search" and contains a search form with the following fields: Rendering Provider NPI (158807), Billing Provider NPI (158807), Procedure Code (100), and Diag Code (123). A red callout box with a red arrow points to the Procedure Code and Diag Code fields, containing the text: "Enter Provider NPI information, Procedure Code, and Diag. Code. Then click Lookup". Below the form are "Clear" and "LOOKUP" buttons. A footer at the bottom of the page contains links for Terms & Conditions, Privacy Policy, and Copyright © 2015, Centene Corporation.

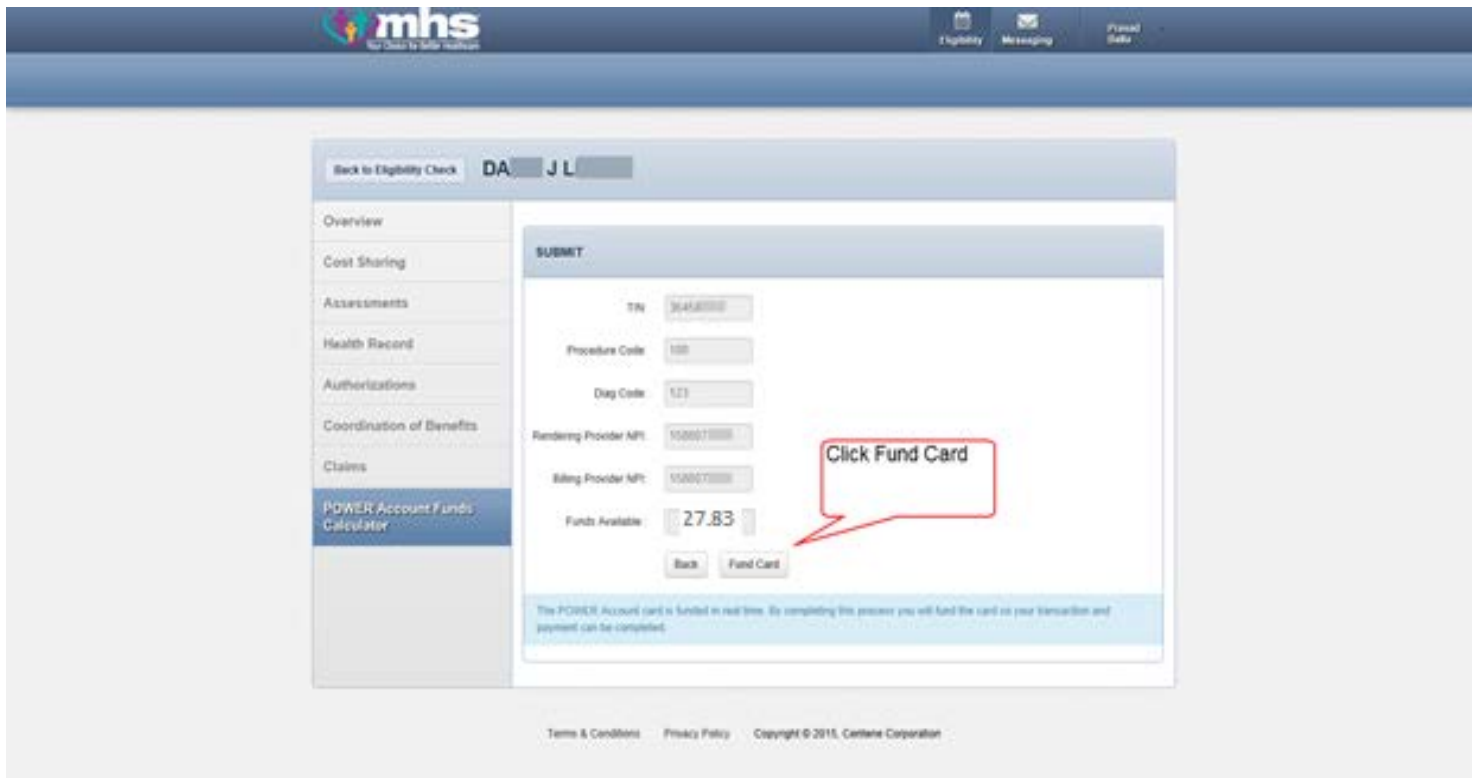
Step Seven: The approved amount to fund the card appears in the "Funds Available" field.

Approved amount that will be applied to the card in real time.



The screenshot shows the mhs web application interface. At the top, there is a navigation bar with the mhs logo and the tagline "Your Choice for Better Healthcare". To the right of the logo are icons for Eligibility, Patients, Authorizations, Claims, and Messaging. The user's name, Srivani Kunchakuri, is displayed in the top right corner. Below the navigation bar, there is a search area with a dropdown menu set to "Medicaid" and a "GO" button. A "Find Patient" button is also present. The main content area is divided into a left sidebar and a main panel. The sidebar contains a "Back to Patient List" button and a list of menu items: Overview, Cost Sharing, Assessments, Health Record, Authorizations, Coordination of Benefits, Claims, and POWER Account Funds Calculator (which is highlighted). The main panel is titled "SUBMIT" and contains a form with the following fields: TIN: 351325628, Procedure Code: 76817, Diag Code: 33, Rendering Provider NPI: (empty), Billing Provider NPI: 555555555, and Funds Available: 27.83. Below the form are "Back" and "Fund Card" buttons. A light blue message box at the bottom of the form states: "The POWER Account card is funded in real time. By completing this process you will fund the card so your transaction and payment can be completed."

Step Eight: Confirm Funding!



Back to Eligibility Check DA J L

Overview
Cost Sharing
Assessments
Health Record
Authorizations
Coordination of Benefits
Claims
POWER Account Funds Calculator

SUBMIT

TIN: 36487000

Procedure Code: 100

Diag Code: 121

Rendering Provider NPI: 1000070000

Billing Provider NPI: 1000070000

Funds Available: 27.83

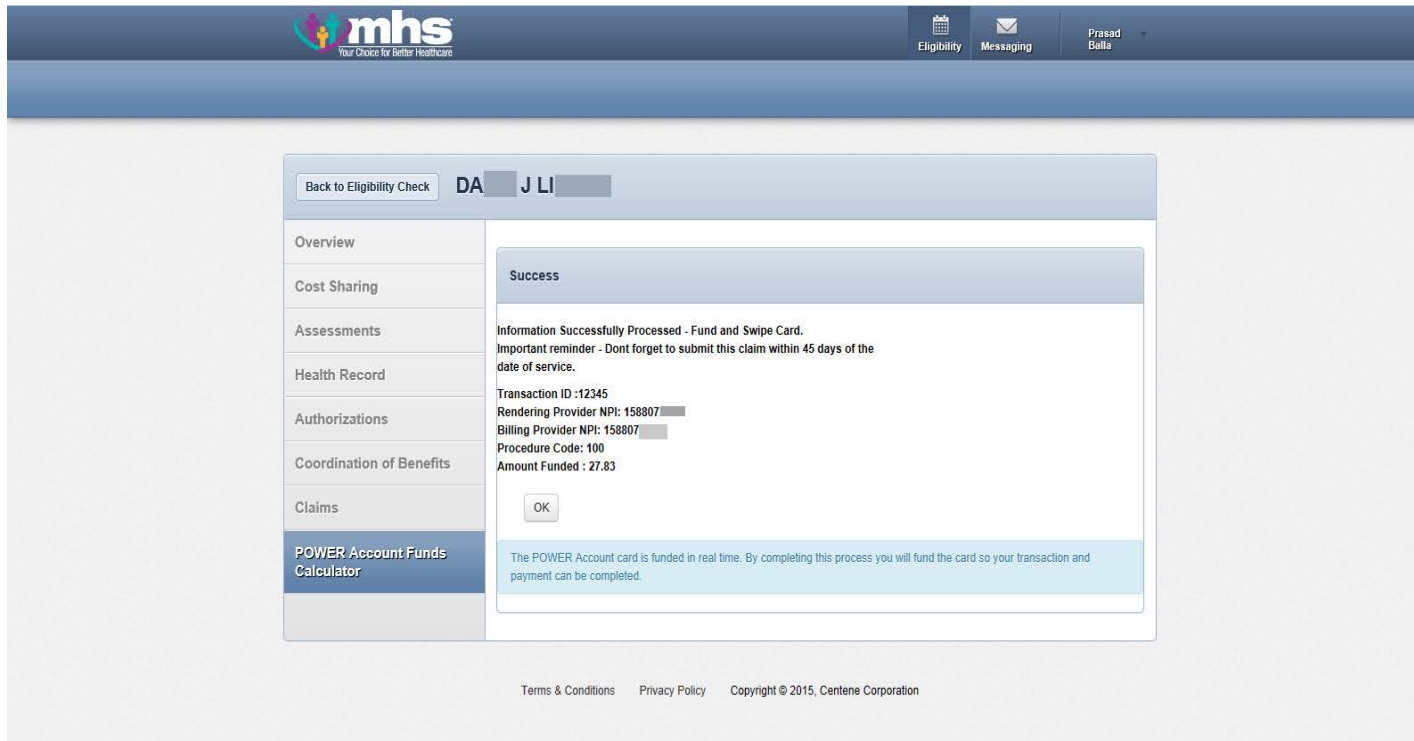
Back Fund Card

Click Fund Card

The POWER Account card is funded in real time. By completing this process you will fund the card so your transaction and payment can be completed.

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Step Nine: Transaction Confirmation Screen



The screenshot shows the mhs web application interface. At the top, there is a navigation bar with the mhs logo on the left and user options for Eligibility, Messaging, and Prasad Balla on the right. The main content area features a sidebar with menu items: Overview, Cost Sharing, Assessments, Health Record, Authorizations, Coordination of Benefits, Claims, and POWER Account Funds Calculator (which is highlighted). The main panel displays a success message: 'Information Successfully Processed - Fund and Swipe Card. Important reminder - Dont forget to submit this claim within 45 days of the date of service.' Below this, transaction details are listed: Transaction ID :12345, Rendering Provider NPI: 158807, Billing Provider NPI: 158807, Procedure Code: 100, and Amount Funded : 27.83. An 'OK' button is present. A light blue banner at the bottom of the main panel states: 'The POWER Account card is funded in real time. By completing this process you will fund the card so your transaction and payment can be completed.' At the very bottom of the page, there are links for Terms & Conditions, Privacy Policy, and Copyright © 2015, Centene Corporation.

Step Ten: Swipe Card

Now just use the POWER Account card as you would any debt or credit card to collect real-time payment at point of service.



Point of Service Payment *Exceptions*

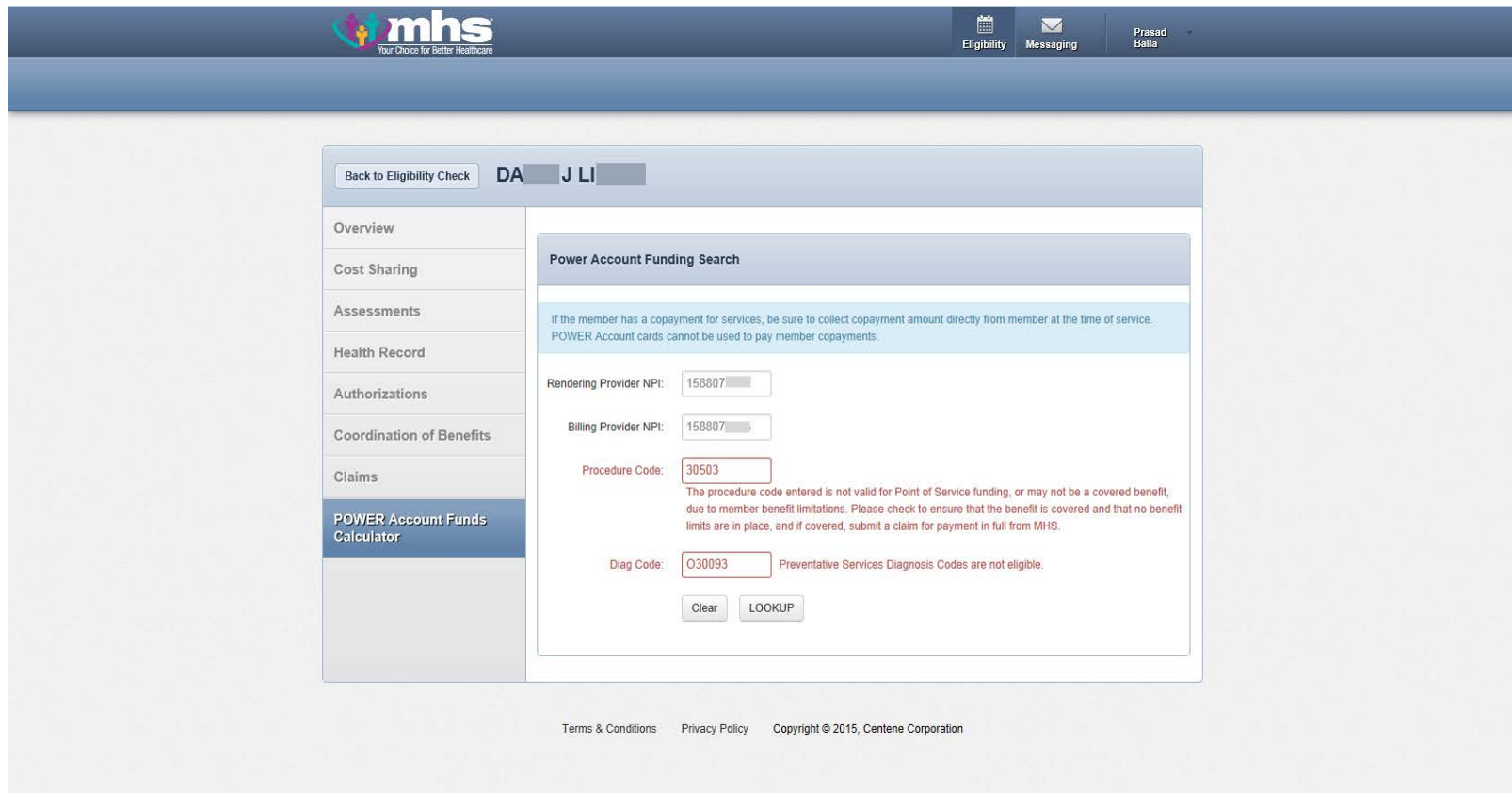
Potential Error Codes & Messages:

- The Calculator will return a \$0.00 for ACA preventive services and for non-covered services.
 - Return message - “Preventive Services Diag. Codes are not eligible”
- If the member’s POWER Account has already exhausted the initial \$2500 amount transaction will not process.
 - Return message - “POWER Account Exhausted No Funds Available”
- If a provider has already billed for the requested claim against the member’s initial \$2500 POWER Account funds the transaction will not process.
 - Return message - “Funds Previously Requested – No Additional Funds Available”
- If an incorrect claim code is entered, the transaction will not process.
 - Return message - “Unable to Calculate Available Funds Given Info Provided”

Important note: MHS will recoup the funded payment from future claims when:

- ***the card is funded and a claim is not received to match the funded amount***
- ***the claim denies for payment***

Sample Screen Shot for Error



The screenshot displays the mhs web application interface. At the top, there is a navigation bar with the mhs logo, a calendar icon for 'Eligibility', an envelope icon for 'Messaging', and the user name 'Prasad Balla'. Below the navigation bar is a main content area with a sidebar on the left containing menu items: Overview, Cost Sharing, Assessments, Health Record, Authorizations, Coordination of Benefits, Claims, and POWER Account Funds Calculator (which is highlighted). The main content area shows a 'Back to Eligibility Check' button and the member name 'DA J LI'. The primary section is titled 'Power Account Funding Search'. It contains a blue informational box stating: 'If the member has a copayment for services, be sure to collect copayment amount directly from member at the time of service. POWER Account cards cannot be used to pay member copayments.' Below this are input fields for 'Rendering Provider NPI' (158807), 'Billing Provider NPI' (158807), and 'Procedure Code' (30503). A red error message is displayed below the Procedure Code field: 'The procedure code entered is not valid for Point of Service funding, or may not be a covered benefit, due to member benefit limitations. Please check to ensure that the benefit is covered and that no benefit limits are in place, and if covered, submit a claim for payment in full from MHS.' There is also a 'Diag Code' field with 'O30093' and a note: 'Preventative Services Diagnosis Codes are not eligible.' At the bottom of the form are 'Clear' and 'LOOKUP' buttons. The footer of the page contains links for 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2015, Centene Corporation'.

Important Notes

- This tool can only be used for office visit services.
- Providers are still required to submit a claim. *MHS will recoup funds if a claim is not filed.*
- MHS encourages Providers to submit claims within 45 days of date of service to avoid potential recoupment issues.
- *Provider must acknowledge in Box 29 of the CMS 1500 claim form that a portion of the claim has been paid. (this could be the POWER Account Contribution or co-payment or both). If the amount funded is not in box 29 your claim may be overpaid and will be subject to recoupment.
- This tool is only intended for HIP members and cannot be used for other Indiana Medicaid programs.
- The POWER Account card cannot be used for member co-payments, preventive services or facilities services. (services billed on a UB04 form)

**If your clearing house or internal billing system will not allow you to input required information in Box 29, claims must be submitted through the MHS online secure portal.*