

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201360 DECEMBER 31, 2013



Note: This bulletin is a replacement to BT201345, which was published September 26, 2013. This bulletin includes corrected and clarified content. BT201345 should be disregarded.

The FSSA announces eligibility changes within Indiana Health Coverage Programs

As required by the *Patient Protection and Affordable Care Act* (ACA), the Indiana Family and Social Services Administration (FSSA) is implementing eligibility changes within the Indiana Health Coverage Programs (IHCP). Open enrollment for the IHCP and the Health Insurance Marketplace began in October 2013, leading up to full implementation of the federal healthcare reform law on January 1, 2014. Please review the following information about the eligibility changes being implemented.

Streamlined application

In October IHCP began using the *Indiana Application for Health Coverage* for all IHCP programs except the Healthy Indiana Plan (HIP). HIP continues to use a separate application unique to that program. Individuals are able to apply for the IHCP through the Internet, by mail, or over the telephone. Applications for food stamps (SNAP) and cash assistance (TANF) are now separate from applications for health coverage.

Changes to aid categories

Effective January 1, 2014, some IHCP aid categories and eligibility criteria will be revised. The following table identifies the updated aid categories along with the related age, income criteria, and program coverages.

Table 1 – Changes to IHCP aid categories effective January 1, 2014

Aid Category Description	Age Eligibility (in years)	Income Eligibility (in %FPL)*	IHCP Coverage
Ages 0 to 1	0 <1	Up to 208%	HHW Package A
Ages 1 to 5	1-5	Up to 141%	HHW Package A
Ages 6 to 18	6-18	Up to 106%	HHW Package A
MCHIP	1-5 6-18	141-158% 106-158%	HHW Package A
SCHIP	0<1 1-18	208-250% 158-250%	HHW Package C
Former Foster Children	18<21	Up to 210%	Traditional Medicaid
Former Foster Children, Enrolled in Medicaid as of 18 th Birthday	18<26	None	Traditional Medicaid
Parents/Caretakers	None	Converted AFDC income standards based on elimination of disregards	HHW Package A
Pregnant Women	None	Up to 208%	HHW Package A
Healthy Indiana Plan (HIP)	19-64	Up to 100%	HIP
Family Planning	None	Up to 141% (not otherwise eligible)	Family Planning Eligibility Program

*FPL = Federal Poverty Level

Income eligibility methodology

Effective January 1, 2014, IHCP is required to use a new methodology for determining income eligibility known as the Modified Adjusted Gross Income (MAGI). In preparation for full implementation, IHCP will begin applying this new methodology to applications received in October. For individuals applying to the IHCP between October and December 2013, previous income determination rules are applied first. If individuals are eligible under these rules, coverage is effective immediately. If individuals are ineligible under previous income determination rules, the new MAGI rules will be applied. Individuals eligible under MAGI rules will not have coverage until January 1, 2014. For current IHCP members, the new MAGI rules will be applied at the time of their annual redetermination.

Under the MAGI rules, income eligibility for certain groups will be determined based on an individual's or a family's federal tax filing status. MAGI rules are used to determine the income eligibility of infants, children, parents and caretakers, pregnant women, some former foster children, and adults in HIP. MAGI rules will not be used to determine eligibility for anyone who is aged, blind, or disabled, or who qualifies for Medicare.

The core of the MAGI calculation is that it counts all taxable income for purposes of determining eligibility under Medicaid or CHIP. Some income that may or may not be taxable, including Social Security disability and Social Security retirement benefits, is also included in MAGI. In addition, asset or resource tests such as an individual's or a family's home, cars, personal belongings, and other assets are no longer considered when determining Hoosier Healthwise eligibility but may be relevant when making other IHCP eligibility determinations.

The MAGI eligibility rules will apply to the following aid categories:

- Ages 0 <1
- Ages 1 to 5
- Ages 6 to 18
- MCHIP
- SCHIP
- Former Foster Children (except those enrolled in Medicaid as of 18th birthday)
- Parents/Caretakers
- Pregnant Women
- Healthy Indiana Plan
- Family Planning Eligibility Program
- Certain inpatient psychiatric facility residents

All other aid categories will continue to use the same non-MAGI eligibility rules.

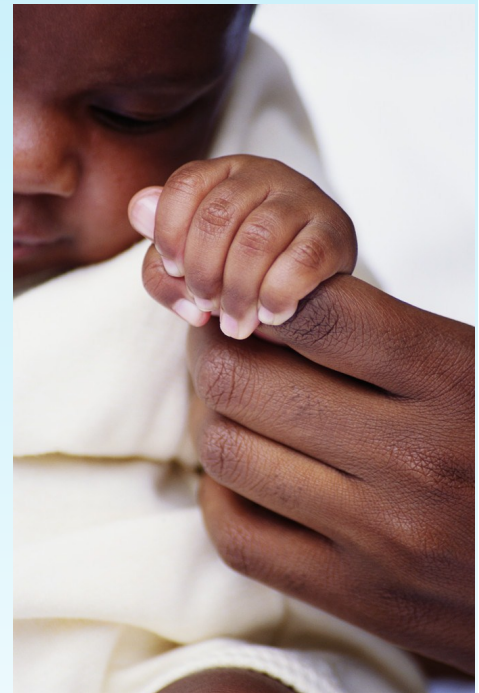
Healthy Indiana Plan eligibility

The HIP program is extended through December 31, 2014. Effective January 1, 2014, the income eligibility threshold for newly enrolling HIP members will change from 200% FPL to 100% FPL. Individuals enrolled in HIP with incomes above 100% FPL will be able to seek coverage through the Health Insurance Marketplace; many of those individuals may qualify for a tax credit to help pay their insurance costs. Those individuals above the income threshold and still enrolled in HIP on December 31, 2013, will be granted an extension through April 30, 2014, to allow for transition to other insurance coverage. Individuals applying for HIP will continue to use a separate HIP application.

Hospital Presumptive Eligibility program

Effective January 1, 2014, IHCP will implement a Hospital Presumptive Eligibility (HPE) process. HPE will allow acute-care hospitals to enroll with IHCP as qualified providers (QPs). Hospitals enrolled as QPs will be allowed to determine presumptive eligibility for the following aid categories:

- Infants
- Children
- Parents/Caretakers



- Family Planning
- Former Foster Children, enrolled in Medicaid as of 18th birthday
- Pregnant Women

See *IHCP Bulletin* [BT201357](#) for additional information about the HPE program.

Presumptive Eligibility for Pregnant Women program

Pregnant women who qualify for temporary IHCP coverage through the Presumptive Eligibility for Pregnant Women (PEPW) process will receive a "Pregnancy PE ID" rather than a recipient identification number (RID).

Hoosier Healthwise Package B

Effective January 1, 2014, no new IHCP members will be assigned Hoosier Healthwise Package B (Pregnancy Coverage). Pregnant women who are presumptively eligible for temporary coverage through the HPE or PEPW processes will receive Package P (Presumptive Eligibility) benefits. Pregnant women who complete the full *Indiana Application for Health Coverage* and are eligible for pregnancy coverage will be assigned Hoosier Healthwise Package A benefits. Women currently enrolled and covered under Hoosier Healthwise Package B (Pregnancy Coverage) will remain on Package B until their eligibility ends or is redetermined.

QUESTIONS?

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