

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201511 FEBRUARY 19, 2015

IHCP updates transition plan for Family Planning Eligibility Program members to HIP

As indicated in the *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201503](#), with the Healthy Indiana Plan (HIP) expansion, many individuals previously covered under the Family Planning Eligibility Program are now eligible for HIP coverage.

Individuals enrolled in the Family Planning Eligibility Program with incomes up to and including 133% of the federal poverty level (FPL)¹ are receiving notices regarding their eligibility for the new HIP program. Individuals determined eligible for HIP coverage will not be allowed to continue enrollment in the Family Planning Eligibility Program after March 31, 2015. The Family Planning Eligibility Program will remain a coverage option for those who are not eligible for HIP and who have countable incomes up to and including 141% FPL².

Members who receive notice of HIP eligibility will be allowed to continue enrollment under the Family Planning Eligibility Program up to March 31, 2015, or until they make their first Personal and Wellness Responsibility (POWER) Account contribution. The effective date of a member's transition to HIP will be as follows:

- If an individual makes his or her initial POWER Account contribution for HIP in **February**, he or she will continue enrollment in the Family Planning Eligibility Program through February 28, 2015, and *HIP Plus* coverage will become effective **March 1, 2015**.
- If an individual makes his or her POWER Account contribution in **March**, he or she will continue enrollment in the Family Planning Eligibility Program through March 31, 2015, and *HIP Plus* coverage will become effective **April 1, 2015**.



One of the following actions will be taken for HIP-eligible members who choose not to make their POWER Account contributions by March 31, 2015:

- Individuals with incomes over 100% FPL who do not make a timely contribution to their POWER Account will be terminated from the Family Planning Eligibility Program and will not be enrolled in HIP. These individuals will need to reapply to be considered for health coverage through the IHCP.
- Individual with incomes up to and including 100% FPL who do not make a timely contribution to their POWER Account will be enrolled, by default, in *HIP Basic*, which does not include vision and dental coverage and requires copayments for services except preventive services, maternity services, family planning services, or services provided for an emergency health condition.

Providers are reminded that *HIP Plus* and *HIP Basic* cover family planning services in addition to comprehensive coverage for other health services.

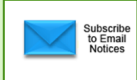
¹ Income limit is 133% of the FPL plus a 5% disregard, which is approximately equivalent to an income limit of 138% FPL.

² Income limit is 141% of the FPL plus a 5% disregard, which is approximately equivalent to an income limit of 146% FPL.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.