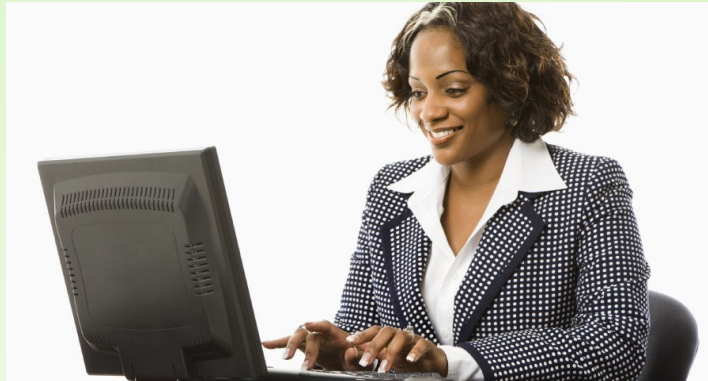


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201645 AUGUST 9, 2016

HIP enrollment process revised for presumptively eligible adults

Indiana Health Coverage Programs (IHCP) individuals who are determined presumptively eligible for Healthy Indiana Plan (HIP) enrollment are enrolled under a conditional status with *HIP Basic* benefits. Formerly, these members, designated as Adult Presumptive Eligibility (*Adult PE*) in the IHCP Eligibility Verification System (EVS), remained in conditional status until their full IHCP application was approved **and** until they made a Fast Track or Personal Wellness and Responsibility (POWER) Account payment. See *IHCP Bulletin [BT201607](#)* for information about Fast Track Payments.



Effective August 5, 2016, members who initially enroll under the *Adult PE* eligibility category are moved to the *HIP Basic* or *HIP Plus* eligibility category when their full IHCP application is approved:

- *Adult PE* members who make a Fast Track Payment are enrolled in *HIP Plus* effective the first day of the month following approval of their full IHCP application.
- *Adult PE* members who do not make a Fast Track Payment are enrolled in *HIP Basic* effective the first day of the month following approval of their full IHCP application. These members continue to have the potential to buy in to *HIP Plus* benefits by making a POWER Account contribution within 60 days of HIP enrollment.
 - Members transitioned from *Adult PE* who make a POWER Account payment in the 60-day time frame will be enrolled in *HIP Plus* effective the first day of the month after payment is received.
 - Members transitioned from *Adult PE* who do not make a POWER Account payment in the 60-day time frame who have household income equal to or less than 100% of the federal poverty level (FPL), will stay enrolled in *HIP Basic*. These members are not eligible to buy in to *HIP Plus* until eligibility redetermination.
 - Members transitioned from *Adult PE* who do not make a POWER Account payment in the 60-day time frame and who have household incomes greater than 100% FPL will be terminated from HIP and not eligible to reenroll for six months.

As members transition from enrollment under the conditional *Adult PE* status to full enrollment in *HIP Basic* or *HIP Plus*, they will be issued a traditional member identification number (RID). Providers should use the traditional RID for billing, rather than the PE RID, as soon as it is effective.

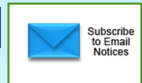
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