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IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201345 SEPTEMBER 26, 2013



The OMPP announces changes to Indiana Medicaid eligibility

As required by the *Patient Protection and Affordable Care Act* (ACA), the Office of Medicaid Policy and Planning (OMPP) will implement changes to Indiana Medicaid eligibility. Open enrollment for Indiana Medicaid and the Health Insurance Marketplace begins in October 2013, leading up to full implementation of the federal healthcare reform law on January 1, 2014. Please review the following information about all Medicaid eligibility changes.

Streamlined application

Beginning in October, Indiana Medicaid will use the *Indiana Application for Health Coverage* for all Indiana Medicaid programs except the Healthy Indiana Plan (HIP). HIP will continue to use a separate application unique to that program. Individuals may apply for Indiana Medicaid through the Internet, by mail, or over the telephone. Additionally, applications for food stamps (SNAP) and cash assistance (TANF) will now be separate from applications for health coverage.

Aid categories for children

The aid categories for children have been updated as follows:

Table 1 – Aid categories for children effective January 1, 2014

Current Aid Category	New Aid Category
MA Y (Under 1) MA C (Under 1) MA U (Under 1) MA O (Under 1)	MA Y (Age 0-1)
MA Z MA C (Age 1-5) MA U (Age 1-5) MA O (Age 1-5)	MA Z (Age 1-5)
MA 2 MA C (Age 6-18) MA U (Age 6-18) MA O (Age 6-18) MA T (Age 18)	MA 2 (Age 6-18)

Changes to overall aid categories

Effective January 1, 2014, some Indiana Medicaid aid categories and eligibility criteria are being revised. The following table identifies the updated aid categories along with the related age and income criteria and the Medicaid program coverages.

*Table 2 – Changes to Indiana Medicaid aid categories effective January 1, 2014 (*FPL = Federal Poverty Level)*

Aid Category	Description	Age Eligibility (in years)	Income Eligibility (in %FPL)*	Indiana Medicaid Coverage
MA Y	Ages 0 to 1	0-1	Up to 208%	HHW Package A
MA Z	Ages 1 to 5	1-5	Up to 141%	HHW Package A
MA 2	Ages 6 to 18	6-18	Up to 106%	HHW Package A
MA 9	MCHIP	1-5 6-18	141-158% 106-158%	HHW Package A
MA 10	SCHIP	0-1 1-18	208-250% 158-250%	HHW Package C
MA 14	Former Foster Children	18-21	Up to 200%	HHW Package A
MA 15	Former Foster Children, Enrolled in Medicaid as of 18 th Birthday	18-26	None	HHW Package A
MAGF	Parents/Caretakers	None	AFDC income standards	HHW Package A
MAGP	Pregnancy	None	Up to 208%	HHW Package A
MAHC MAHN	Healthy Indiana Plan (HIP)	19-64	Up to 100%	HIP
MA E	Family Planning	None	Up to 141%; not otherwise eligible	Family Planning Eligibility Program

Income eligibility methodology

Effective January 1, 2014, Indiana Medicaid is required to use a new methodology for determining income eligibility known as the Modified Adjusted Gross Income (MAGI). In preparation for full implementation, Indiana Medicaid will begin applying this new methodology to applications received in October. Individuals applying to Indiana Medicaid before January 1, 2014, will have their income eligibility calculated using both the new MAGI rules and the previous income determination rules. Individuals found eligible under current rules will be enrolled on determination. Individuals found eligible only under the MAGI rules will be enrolled effective January 1, 2014. For current Indiana Medicaid members, the 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 children, parents and caretakers, pregnant women, and adults. This includes the Children's Health Insurance Program (CHIP) and HIP programs. 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. If the income is nontaxable, it is not considered under MAGI calculations. In addition, asset or resource tests are no longer considered when determining eligibility. Therefore, an individual's or a family's home, cars, personal belongings, and other assets are irrelevant when calculating an applicant's financial eligibility for Medicaid or CHIP.

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

- Ages 0 to 1
- Ages 1 to 5
- Ages 6 to 18
- MCHIP
- SCHIP
- Former Foster Children
- Parents/Caretakers
- Pregnancy
- Healthy Indiana Plan
- Family Planning Eligibility Program
- Inpatient Psychiatric Facility

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

Healthy Indiana Plan eligibility

Effective January 1, 2014, the threshold for income eligibility for the Healthy Indiana Plan (HIP) program will change from 200% FPL to 100% FPL. The program has been extended through December 31, 2014. Individuals 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. Individuals applying for HIP will continue to use a separate HIP application.

Hospital Presumptive Eligibility program

Effective January 1, 2014, Indiana Medicaid will implement a Hospital Presumptive Eligibility (HPE) program. The HPE program will allow acute-care hospitals to enroll with Indiana Medicaid as Qualified Providers (QPs). Hospitals enrolled as QPs will be allowed to enroll qualified individuals into one of the following presumptively eligible aid categories:

- Children
- Parents/Caretakers
- Family Planning
- Former Foster Care Children
- Pregnant Women

Future IHCP publications will provide additional information about the HPE program.

Presumptive Eligibility for Pregnant Women program

Pregnant women who qualify for Indiana Medicaid through the Presumptive Eligibility for Pregnant Women (PEPW) program will now receive a "Pregnancy PE ID" rather than a recipient identification (RID) number.

Hoosier Healthwise Package B

Effective January 1, 2014, Hoosier Healthwise Package B (Pregnancy Coverage) will be used only for the Hospital Presumptive Eligibility (HPE) program. Women who complete the full *Indiana Application for Health Coverage* and are eligible for pregnancy-only coverage will be assigned to Hoosier Healthwise Package A.

Former Foster Children

Effective January 1, 2014, individuals eligible for the aid category MA 14: Former Foster Children will no longer be enrolled in *Care Select*. Individuals in this aid category will be eligible for Hoosier Healthwise Package A.

QUESTIONS?

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