

Indiana Health Coverage Programs 2015

<u>Programs</u>	Covered Populations	Family Size	Income (Monthly)	Eligibility Criteria	Benefits	How to Apply
Hoosier Healthwise/HIP State Plan	Low-income families	1 2 3 4 5	n/a \$247 \$310 \$373 \$435	Income/family size	Package A standard plan; doctor's visits, medications, dental, vision, mental health, surgeries, and hospitalization	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
Hoosier Healthwise/HIP State Plan	Pregnant Women	1 2 3 4 5	n/a \$2727 \$3431 \$4134 \$4838	Count unborn as 1 in family size; pregnancy income/family size	Package B PEPW	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
Hoosier Healthwise/HIP State Plan	Children under 19 (Medicaid and CHIP)	1 2 3 4 5	\$2432 \$3278 \$4123 \$4969 \$5815	Age/income/family size	Package C CHIP; Doctor's visits, medications, dental, vision, mental health, surgeries, and hospitalization	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
HIP 2.0 Basic	Hoosiers below 100% FPL who do NOT make POWER account contributions	1 2 3 4	\$973 \$1311 \$1650 \$1988	Indiana resident, aged 19-64, not eligible for Medicaid or Medicare categories	Essential health benefits; no vision, dental, transportation, or Medicaid rehabilitation option	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm

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HIP 2.0 Plus	Hoosiers up to 138% of the FPL who DO make POWER account contributions	1 2 3 4	\$1358.10 \$1830.58 \$2303.06 \$2775.54	Indiana resident, aged 19-64, not eligible for Medicaid or Medicare categories	Essential health benefits including vision and dental; does not include transportation or Medicaid rehab option; does include bariatric surgery	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
Traditional Medicaid	Aged, blind, and disabled; adults, children, refugees	Aged Blind...	Up to 100% FPL	65 and older for aged; received documentation from SSA related to determination of blindness or disability	Doctor's visits, medications, dental, vision, mental health, surgeries, and hospitalization	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
Care Select (no longer effective as of July 1, 2015; will move to Hoosier Care Connect)	Indiana Medicaid enrollees with special health needs or chronic illness				You pick the primary doctor and health plan, but have to have chronic illness (i.e. asthma, diabetes, CHF, COPD, etc.)	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
M.E.D.Works	People with disabilities	Single Couple	Based on monthly income 1 - \$3404	Ages 16-64, less than or equal to 350% of the FPL, disabled, below asset limits (single \$2000, couple \$3000), working	Full Medicaid benefits and may have employer insurance	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm

<u>Programs</u>	Covered Populations	Family Size	Income (Monthly)	Eligibility Criteria	Benefits	How to Apply
Waivers	Would otherwise require institutionalized care			Income less than or equal to 300% of the max SSI federal benefit rate; meets level of care (i.e. complex medical condition and intellectual disability); Meet Medicaid guidelines and waiver eligibility guidelines	Five different waiver programs; aged and disabled; TBI; community integration and habilitation; family supports; psychiatric residential treatment facility transition	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
Medicare Savings Program	Low-income Medicare beneficiaries	Single Couple	Based on income threshold and resource limits	Must be eligible for Medicare Part A; benefits based off of income and worker status	Depends on program approved for	Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
BCCP	Age 30-49, can qualify for free office visits and PAP test Age 50-64 can qualify for a free office visit, PAP test, mammo Age 65 and older, free office visit, PAP test, mammo if not enrolled in Part B	Gross income at or below 200% 1 2 3 4 5 6	<u>Month</u> \$1945 \$2622 \$3298 \$3975 \$4652 \$5328	Diagnosed through Indiana State Department of Health Breast and Cervical screening program, or age 19 to 64, not otherwise eligible for Medicaid, income less than 200% of FPL, need treatment for Breast or Cervical cancer, and no health insurance that covers their treatment	Through the BCCP, female Indiana residents may qualify for free breast and cervical cancer screenings and diagnostic tests; services provided include: Colposcopies (with or without biopsies) , Liquid-based cytology	Phone: Indiana Family Helpline - 1-855-HELP-1ST (1-855-435-7178); will direct you to regional coordinator based off of where the client lives

<u>Programs</u>	Covered Populations	Family Size	Income (Monthly)	Eligibility Criteria	Benefits	How to Apply
BCCP, cont.		1 2 3 4 5	Annual \$23,340 \$31,460 \$39,580 \$47,700 \$55,820	tests, High risk panel HPV testing, Office visits, Pelvic exams/tests, Clinical breast exams (CBEs), Mammograms (screening and diagnostic), Diagnostic breast ultrasounds, Breast biopsies, Consultations		Phone: Indiana Family Helpline - 1-855-HELP-1ST (1-855-435-7178); will direct you to regional coordinator based off of where the client lives
Family Planning Eligibility Program (may eventually transition into HIP 2.0)		1 2 3 4 5	\$1372 \$1849 \$2326 \$2803 \$3280	Do not qualify for any other Medicaid category; income level is at or below 141% of FPL; citizenship immigration eligibility requirements; not pregnant; have not had a hysterectomy; have not had sterilization procedure		Phone: 1-800-403-0864 Online: www.ifcem.com/CitizenPortal/application.do In Person: http://ckfindiana.org/coveryourkids.php http://www.in.gov/healthcarereform/2468.htm
HPE (Hospital Presumptive Eligibility)	Low-income infants and children; Low-income parents or caretakers; Former foster care children; Low-income pregnant women; and Individuals seeking family planning services only		138% of the FPL or less for the applicable household size	U.S. Citizen or qualified non-citizen; Indiana resident; not currently incarcerated; not be a current IHCP member; not have Medicare coverage	HIP Basic benefit package	**Beginning April 1, Qualified Providers include, Hospitals, FQHC's, RHC's, Health Departments and Community Mental Health Centers**

Medicare Savings Program

- Covered population:
 - Low-income Medicare Beneficiaries
- Goal:
 - Help pay for out of pocket Medicare costs
- Eligibility
 - Must be eligible for Medicare Part A
 - Four potential categories depending on income and worker status

	Income Threshold	Resource Limit	Benefits
QMB (Qualified Medicare Beneficiary)	150% FPL Single: \$1459/mon Married: \$1967/mon	Single: \$7160 Couple: \$10,750	<ul style="list-style-type: none"> • Medicare Premiums • Co-pays • Deductibles • Co-insurance
SLMB (Specified Low-income Medicare Beneficiary)	170% FPL Single: \$1654/mon Married: \$2229/mon	Single: \$7160 Couple: \$10,750	<ul style="list-style-type: none"> • Part B Premiums
QI (Qualified Individual)	185% FPL Single: \$1800/mon Married: \$2426/mon	Single: \$7160 Couple: \$10,750	<ul style="list-style-type: none"> • Part B Premiums
QDW (Qualified Disabled Worker)	200% FPL Single: \$1945/mon Married: \$2622/mon	Single: \$7160 Couple: \$10,750	<ul style="list-style-type: none"> • Part A Premiums

Traditional Medicaid

- Covered population:
 - Health care coverage for individuals with low-income
- Goal:
 - Provides assistance for medical expenses such as physician visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations
- Eligibility:
 - Based on the member's aid category; members in the following categories will be covered by Traditional Medicaid
 - Aged
 - Blind
 - Physically or mentally disabled
 - Medicaid waiver program recipient
 - Dually eligible for Medicare and Medicaid
 - Members in nursing homes, intermediate care facilities for the mentally retarded and state-operated facilities
 - Members in the hospice program
 - Undocumented

	Monthly Income as a Percent of 2014 Federal Poverty Level (FPL)
Household Size	Up to 100%
Individual	Up to \$973
Married Couple	Up to \$1311
2	Maximum allocation of \$361 for each qualified dependent.
3	
4	
5	
6	
7	
8	

The income limit for full ABD Medicaid eligibility is 100% of the 2014 FPL for single and married individuals. There is a maximum allocation of \$361 for each qualified dependent.

Covered Services: preventive services, behavior and mental health services, eye care, diabetes self-care management training, inpatient/outpatient hospital care, home health care services, transportation, dental, pregnancy care, and emergency care

Care Select/Hoosier Connect

- Covered population:
 - Eligible aged, blind, and disabled Medicaid members – expect there to be 84,000 individuals in the first year of the program
- Goals:
 - Improve quality outcomes and consistency of care across the delivery system
 - Ensure enrollee choice, protections, and access
 - Coordinate care across the delivery system and care continuum
 - Provide flexible person-centered care
- Eligibility:
 - ICHP members 65 and over, or with blindness or a disability; Individuals in the following eligibility categories who do not have an institutional level of care and are not enrolled in Medicare:
 - Aged individuals
 - Blind individuals
 - Disabled individuals
 - Individuals receiving SSI
 - M.E.D. Works enrollees
 - Children who are wards of the State, receiving adoption assistance, foster children and former foster children may also voluntarily enroll in the program
- Hoosier Care Connect Helpline: 1-866-963-7383

	Anthem	MHS	MDwise
Website	www.anthem.com	www.mhsindiana.com	www.MDwise.org
Member Services 8:00 am – 8:00 pm Monday – Friday For non-urgent calls, you can leave a message after hours	1-844-284-1797 TTY\TDD: 1-866-408-7188	1-877-647-4848 TTY\TDD: 1-800-743-3333	1-800-356-1204 or 317-630-2831 TTY\TDD: 1-800-743-3333 or 317-630-2831
Nurse On-Call	1-866-800-8780 TTY-TDD: 1-800-368-4424	1-877-647-4848	1-800-356-1204 or 317-630-2831 (Members press Option 1, then Option 4)

Covered Services for all health plans: primary care, acute care, drugs (prescription and some otc), behavioral health, emergency services, transportation, dental, disease management services, care coordination services

M.E.D. Works

- Covered population:
 - Working people with disabilities
- Goal:
 - Individuals with disabilities do not have to worry about losing their health benefits under Medicaid just because they get a job, get a raise, or work more hours
 - Individuals can save for retirement, education, or starting a new business
- Eligibility:
 - Age 16-64
 - Disabled, according to Indiana Medicaid standards, and working
 - Financial eligibility is based on a formula for determining countable income; your countable income must not exceed 350% of the FPL
- Premiums:
 - A sliding scale fee based on your monthly gross income

	Income Range	Premium
Single	\$1,459 to \$1,702	\$48
	\$1,703 to \$1,945	\$69
	\$1,946 to \$2,432	\$107
	\$2,433 to \$2,918	\$134
	\$2,919 to \$3,404	\$161
	\$3,405	\$187
Married	\$1,967 to \$2,294	\$65
		\$93
	\$2,295 to \$2,622	
	\$2,623 to \$3,278	\$145
		\$182
	\$3,279 to \$3,933	
	\$3,934 to \$4,588	\$218
\$4,589	\$254	

Waivers

- Covered population:
 - Depends on the type of waiver. The following are what is offered in Indiana:
 1. **Nursing Facility Level of Care:** Children and adults whose needs are primarily medical, and assist a person to be as independent as possible and live in the least restrictive environment as possible while maintaining safety in the home.
 - Aged and Disabled Waiver
 - Traumatic Brain Injury Waiver
 2. **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID):** Children and adults with an intellectual disability and assist a person to: become involved in the community where he or she lives and works; develop social relationships in the person’s home and work communities; develop skills to make decisions about how and where the person wants to live; and be as independent as possible.
 - Family Supports Waiver
 - Community Integration and Habilitation Waiver
 3. **Psychiatric Residential Treatment Facility Transition Waiver:** Children with serious emotional disturbances and youth with serious mental illness who transitioned from the prior Community Alternative to PRTF Grant to the new PRTF Waiver on October 1, 2012 for continuing intensive community-based interventions and supports to become as independent as possible.
- Goal:
 - Waiver services allow individuals to remain in a community setting and avoid institutional placement.
- Eligibility:

	A&D	TBI	FS	CIH	Psychiatric
Financial Eligibility	<ul style="list-style-type: none"> • 300% of SSI • Parental income and resources disregarded for children under 18 • Spousal impoverishment protections similar to those for nursing homes 	<ul style="list-style-type: none"> • 300% of SSI • Parental income and resources disregarded for children under 18 	<ul style="list-style-type: none"> • 300% of SSI • Parental income and resources disregarded for children under 18 	<ul style="list-style-type: none"> • 300% of SSI • Parental income and resources disregarded for children under 18 	<ul style="list-style-type: none"> • Medicaid eligible at a maximum of 150% of the FPL
Medical Eligibility	<ul style="list-style-type: none"> • Nursing Facility Level of Care 	<ul style="list-style-type: none"> • Nursing Facility Level of Care • Diagnosis of TBI • ICF/IID Level of Care 	<ul style="list-style-type: none"> • ICF/IID Level of Care 	<ul style="list-style-type: none"> • ICF/IID Level of Care 	<ul style="list-style-type: none"> • PRTF Level of Care

SNAP (Supplemental Nutrition Assistance Program)

- Covered population:
 - Low to no income families living in the United States.
- Goal:
 - Program is designed to raise the nutritional level of low income households. It enables low income families to buy nutritious food through Electronic Benefits Transfer (EBT) cards.
- Eligibility:
 - Most households have to meet both gross and net income limits to qualify for SNAP.
 - If everyone in the household receives SSI or TANF, income limits do not apply.
 - Elderly (age 60 or older), disabled, and those households which pass the gross income test, much also pass a net test to qualify.
 - If the household has net income below the amounts displayed below, and meets all other criteria, the SNAP allotment received is based on the household size and net monthly income. The maximum amount of SNAP received is also shown below.
 - Note that this is the maximum amount a household will receive based on \$0 income. The greater the household's net income, a lesser amount of SNAP benefits will be received.

Household Size	Gross Income Monthly Limit	Net Income Monthly Limit	Maximum SNAP Allotment
1	\$1265	\$973	\$194
2	\$1705	\$1311	\$357
3	\$2144	\$1650	\$511
4	\$2584	\$1988	\$649
5	\$3024	\$2326	\$771
6	\$3464	\$2665	\$925
7	\$3904	\$3003	\$1022
8	\$4344	\$3341	\$1169
9	\$4784	\$3680	\$1315
10	\$5224	\$4019	\$1461
Each Additional Member	+440	+339	+146

Breast and Cervical Cancer Program (BCCP)

- Covered population:
 - Indiana resident
 - Age 30-65
- Goal:
 - Early Detection
- Eligibility
 - Diagnosed through Indiana State Department of Health Breast and Cervical screening program
 - Age 19 to 64, not otherwise eligible for Medicaid
 - In need of treatment for Breast or Cervical cancer, and no health insurance that covers their treatment

	Income Threshold	Breakdown of Eligibility	Benefits
BCCP	Income less than 200% of FPL Gross Income (before taxes) Household Size/Income 1 \$1945 2 \$2622 3 \$3298 4 \$3975 5 \$4652 6 \$5328 Add for each additional \$677	<ul style="list-style-type: none"> • 30-49 years of age (for office visit and Pap smear) • 50-64 years of age (for office visit, Pap smear and mammogram) • 65 years of age and older if not enrolled in Medicare Part B 	<ul style="list-style-type: none"> • Female Indiana residents may qualify for free breast and cervical cancer screenings and diagnostic tests • Services provided include: <ul style="list-style-type: none"> ○ Colposcopies (with or without biopsies) ○ Liquid-based cytology tests ○ High risk panel HPV testing ○ Office visits ○ Pelvic exams/tests ○ Clinical breast exams (CBEs) ○ Mammograms (screening and diagnostic) ○ Diagnostic breast ultrasounds ○ Breast biopsies ○ Consultations

Hoosier Healthwise (HHW)/HIP State Plan

- Covered population:
 - Low-income families
 - Pregnant Women
 - Children under 19
- Eligibility
 - Age/Income/Family Size

	Income Threshold	Package	Benefits
Low-income families	Family Size / Income 1 N/A 2 \$247 3 \$310 4 \$373 5 \$435	Package A Standard Plan	<ul style="list-style-type: none"> • doctor's visits • medications • dental • vision • mental health • Surgeries • hospitalization
Pregnant Women	Family Size / Income 1 N/A 2 \$2727 3 \$3431 4 \$4134 5 \$4838	Package P PEPW	<ul style="list-style-type: none"> • Offers healthcare early in pregnancy in order to maintain and stay healthy
Children under 19 (Medicaid and CHIP)	Family Size / Income 1 \$2432 2 \$3278 3 \$4123 4 \$4969 5 \$5815	Package C CHIP	<ul style="list-style-type: none"> • doctor's visits • medications • dental • vision • mental health • Surgeries • hospitalization

Healthy Indiana Plan (HIP 2.0)

- Covered population:
 - Hoosiers under 138% FPL
- Goal:
 - Get people insured
- Eligibility
 - Indiana resident
 - Age 19-64, not eligible for Medicaid or Medicare categories

	Income Threshold	Plan Options	Benefits
HIP 2.0 Basic	100% below FPL who do not make POWER account contributions Family Size/ Income 1 \$973 2 \$1311 3 \$1650 4 \$1988	<ul style="list-style-type: none"> • Fallback option for lower-income individuals • HIP Basic benefits that cover the essential health benefits but not vision and dental services for adults • Members pay between \$4 and \$75 for most health care services 	<ul style="list-style-type: none"> • Doctor visits • Emergency • Hospitalization • Maternity • Mental Health • Labs • Pharmacy • Rehab and Habilitation • Preventive
HIP 2.0 Plus	Up to 138% FPL who do make POWER account contributions Family Size/ Income 1 \$1358.10 2 \$1830.58 3 \$2303.06 4 \$2775.54	<ul style="list-style-type: none"> • Offers best value for members • Comprehensive benefits including dental and vision • Members pay a monthly contribution to POWER account • No copayment required when visiting doctors or filing prescriptions 	<ul style="list-style-type: none"> • Doctor visits • Emergency • Hospitalization • Maternity • Mental Health • Labs • Pharmacy • Rehab and Habilitation • Preventive • Vision • Dental
HIP State Plan	Available for certain qualifying individuals	<ul style="list-style-type: none"> • Individuals who qualify for additional benefits 	<ul style="list-style-type: none"> • Doctor visits • Emergency

	<ul style="list-style-type: none"> • Low-income (<19% FPL) Parents and Caretakers • Low-Income (<19% FPL) 19 & 20 year olds • Medically Frail • Transitional Medical Assistance (TMA) 	<ul style="list-style-type: none"> • Comprehensive, with some additional benefits including dental and vision • HIP Plus or HIP Basic cost sharing 	<ul style="list-style-type: none"> • Hospitalization • Maternity • Mental Health • Labs • Pharmacy • Rehab and Habilitation • Preventive • Vision • Dental • Transportation • Medicaid Rehabilitation Option
HIP Link		<ul style="list-style-type: none"> • Members receive help paying for the cost of employer-sponsored health insurance • Members with a qualified and participating employer are eligible for the employer-sponsored health insurance • Members may choose HIP Link or other HIP plans • HIP Link will be an option on the coverage application 	

Hospital Presumptive Eligibility (HPE)

- Covered population:
 - Non-disabled adult 19-64
- Eligibility
 - U.S. Citizen or qualified noncitizen
 - Indiana resident
 - Not be currently incarcerated
 - Not be a current IHCP member
 - Not have Medicare coverage

	Income Threshold	Eligible Groups	Benefits
HPE	Family income of approximately 138% of the FPL or less for the applicable household size	<ul style="list-style-type: none"> • Low-income infants and children • Low-income parents or caretakers • Former foster care children • Low-income pregnant women • Individuals seeking family planning services only 	HIP Basic benefit package

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