



INDIANA MEDICAID FACTS

Who is covered in Indiana's Medicaid Program?

ELIGIBILITY GROUPS

FFS^{1,2}

MCO³⁻⁵

Current and Former Foster Care Children*



Dual Eligibles



Undocumented Immigrants



Children (0-18 years)

Parents and Other Caretaker Relatives

Pregnant Women

Aged, Blind, and Disabled Adults

Disabled Children

Incarcerated

Newly Eligible Adults

Qualified Non-Citizens**

Intellectual and Developmental Disabilities⁺

* May voluntarily enroll in Hoosier Care Connect (a managed care plan), but the default is to be enrolled in traditional Medicaid (fee-for-service).

** Qualified Non-Citizens can apply (and be eligible) for Medicaid after being in the U.S. for 5 years.

+ Coverage provided through Indiana's Community Integration and Habilitation Home and Community-Based Services (HCBS) waiver, which allows Indiana to provide longterm services and supports Long-Term Services and Supports (LTSS) to individuals with intellectual and developmental disabilities through home and community-based services instead of institutional care.⁶

Important News

June 2016 - Indiana drops its decision to decrease Medicaid program reimbursements for home health care workers.⁷



Do Medicaid health plans provide coverage?⁸



YES



NO

- Anthem BlueCross BlueShield
- Hoosier Healthwise
- Managed Health Services (MHS)

How has Indiana's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS⁹

The **Indiana End-Stage Renal Disease (ESRD)** waiver provides Medicare-enrolled individuals, who are otherwise ineligible for Medicaid with ESRD, supplemental wrap-around coverage, including supplemental coverage for kidney transplant services.



APPROVAL: 12/14/2007

EFFECTIVE: 1/1/2008

EXPIRATION: 12/31/2020

The **Healthy Indiana Plan 2.0** waiver was created to cover adults in Indiana through 133% FPL. It provides increased access to health care services, encourages healthy behaviors including early intervention, prevention, and wellness, increases quality of care and efficiency of the health care delivery system, and promotes private market coverage and family coverage options. An extension application was submitted 01/31/2017 with an amendment added on 07/20/2017 to increase Substance Use Disorder (SUD) treatment and require participation in the Gateway to Work program for able-bodied adults. Both were accepted in February 2018. If HIP Plus beneficiaries do not participate in tobacco cessation activities, they will be charged a premium for any tobacco use. Additionally, a community engagement requirement of 20 hours per week for 8 out of 12 months in the year was implemented for able-bodied adults, that can be fulfilled through employment, education, job skills training, volunteering or other approved activities. Pregnant women, the medically frail, students, some caregivers of dependents and beneficiaries in SUD treatment are exempt from this requirement. Eligibility for the following year of coverage will be suspended for beneficiaries who do not complete their community engagement requirements.

EFFECTIVE: 1/27/2015

APPROVAL: 2/1/2015

EXPIRATION: 12/31/2020





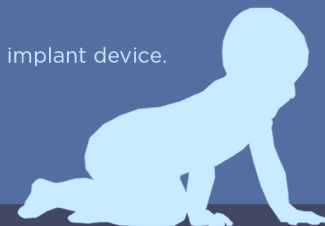
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How is Indiana meeting the needs of Medicaid enrollees?

Family Planning¹⁰

The Family Planning Eligibility Program provides services and supplies to men and women for preventing or delaying pregnancy. Benefits include:

- Annual family planning visits.
- Pap smears.
- FDA-approved oral contraceptive, devices, and supplies, including emergency contraceptives.
- Follow-up care for complications associated with contraceptive methods.
- Initial diagnosis and treatment for sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), if medically indicated.
- Food and Drug Administration (FDA)-approved anti-infective agents for initial treatment of STDs/STIs.
- Laboratory tests, if medically indicated as part of the decision-making process regarding contraceptive methods.
- Tubal ligation.
- Hysteroscopic sterilization with an implant device.
- Vasectomies.



Women's Health

Smoking-cessation program for pregnant women offered through HIP Maternity.¹¹

Indiana Breast and Cervical Cancer Program (BCCP) provides coverage during the course of treatment under a fee-for-service (FFS) arrangement.¹²

Behavioral Health

Indiana's Medicaid program offers services through its Behavioral & Primary Healthcare Coordination Program. To be eligible, participants must be 19 years of age or older, have an income at or below 300% FPL, and have a BPHC-eligible mental health diagnosis with a co-occurring health condition.¹³ Services include:¹⁴

- Adult day services.
- Home and community-based habilitation and support services.
- Therapy and behavioral support services.
- Addiction counseling.
- Care coordination.
- Special programs, which include the Opioid Treatment Program¹⁵ and Recovery Works, a service that provides mental health treatment for people who are uninsured and otherwise would be incarcerated.¹⁶
- Drug therapies covered: naloxone, naltrexone, and disulfiram.¹⁷

Oral Health¹⁸

Within Hoosier Healthwise, a health care program that covers children and pregnant women; annual exams and preventive care are covered through managed care.

Dual eligibles, undocumented aliens, hospice care, nursinghome and intermediate care facility members are covered under Medicaid under a fee-for-service arrangement.



Timeline

Federal

Indiana

