INDIANA "HOOSIER HEALTHWISE"
TITLE XXI PROGRAM FACT SHEET

Name of Plan:	**Hoosier Healthwise**
Date Phase I Plan Approved:	June 26, 1998
Date Phase I Plan Effective:	October 1, 1997
Date Amendment #1 Submitted:	September 22, 1999
Date Amendment #1 Approved:	December 22, 1999
Date Amendment #1 Effective:	January 1, 2000
Date Amendment #2 Submitted:	September 6, 2002
Date Amendment #2 Approved:	November 26, 2002
Date Amendment #2 Effective:	January 1, 2000
Date Amendment #3 Submitted:	August 24, 2004
Date Amendment #3 Approved:	Withdrawn May 30, 2006
Date Amendment #4 Submitted:	October 4, 2005
Date Amendment #4 Approved:	June 23, 2006
Date Amendment #4 Effective:	October 1, 2005
Date Amendment #5 Submitted:	September 27, 2007
Date Amendment #5 Withdrawn:	October 15, 2007
Date Amendment #5 Effective:	
Date Amendment #6 Submitted:	January 31, 2008
Date Amendment #6 Approved:	May 2, 2008
Date Amendment #6 Effective:	January 1, 2008
Date Amendment #7 Submitted:	September 18, 2009
Date Amendment #7 Approved:	December 3, 2009
Date Amendment #7 Effective:	July 10, 2010
Date Amendment #8 Submitted:	January 14, 2010
Date Amendment #8 Approved:	March 16, 2010
Date Amendment #8 Effective:	January 1, 2010
Date Amendment #9 Submitted:	June 29, 2010
Date Amendment #9 Approved:	February 17, 2011
Date Amendment #9 Effective:	Revised the effective dates of: • mental health services expansion (SPA #8) to July 1, 2009, and • expansion to 300 percent of the FPL (SPA # 7) to July 1, 2011.

Background

- On April 17, 1998, Indiana submitted a title XXI State Plan to expand Medicaid eligibility to children under the state's Medicaid title XIX State Plan. Under Phase 1, the State expanded Medicaid eligibility to include:

    - Effective October 1, 1997, children born before October 1, 1983, from the ages of 14 through 18 in families with annual incomes through 100 percent of the Federal Poverty Level (FPL).

    - Effective July 1, 1998, children ages 0 through 18 in families with annual incomes through 150 percent of the FPL.

- Indiana's current Medicaid State Plan covers infants through 150 percent of the FPL, children under 6 through 133 percent of the FPL, and children 6 through 18 through 100 percent of the FPL.

Amendments

- On September 22, 1999, Indiana submitted an amendment to expand health insurance coverage through a separate child health program. This Phase II amendment will provide coverage to children less than 19 years of age in families with annual incomes greater than 150 percent of the FPL and not more than 200 percent of the FPL.

- Indiana submitted its second amendment on September 9, 2002, to update its State Children's Health Insurance Program (SCHIP) state plan to indicate compliance with the final SCHIP regulations. This amendment also revises the redetermination process so that children remain eligible as long as they meet income and other eligibility requirements. Eligibility is redetermined at 12 months if SCHIP is the only State program the child is enrolled in, or every 3 to 6 months if the child is enrolled in SCHIP plus other state programs.

- Indiana submitted its third amendment on August 24, 2004, to fund clinical messaging software and data repository development for their proposed Information Exchange (IHIE) health services initiative. This amendment was withdrawn on May 30, 2006.

- Indiana submitted its fourth amendment on October 4, 2005, to increase monthly premiums for families with incomes above 150 percent to 200 percent of the FPL. This will double the premium previously paid by families.

- Indiana submitted its fifth amendment on September 27, 2007, a contingency plan, to move the SCHIP separate program in its current form to the Medicaid expansion program. The State withdrew the amendment on October 15, 2007.

- Indiana submitted its sixth amendment on January 31, 2008 to increase the income limit to 250% FPL and associated premiums, implement 12 month continuous eligibility for

children under age 3, add telemedicine to the benefit package, and remove the signature requirement for premium payment.

- Indiana submitted its seventh amendment on September 18, 2009 to increase the income eligibility limit from 250 to 300 percent of the FPL.

- Indiana submitted its eighth amendment on January 14, 2010 to permit Indiana to use administrative funds for a comprehensive study with the goal of developing a strategy to improve access to specialty care for low income children and this SPA also expand mental health services. This SPA has a retroactive effective date of January 1, 2010.

- Indiana submitted its ninth amendment on June 29, 2010 to revise: the effective date of the mental health services expansion to July 1, 2009, and the effective date for the planned expansion to 300 percent of the FPL to July 1, 2011.

Children Covered Under the Program

- The State reported that 77,383 children were ever enrolled in Hoosier Healthwise in FFY 2008.

Administration

- Phase I and Phase II are administered by the Office of Medicaid Planning and Policy, Indiana Family and Social Services Administration.

Health Care Delivery System

- The State currently has an approved 1915(b) waiver titled, "Hoosier Healthwise" comprised of a Primary Care Case Management system and a Risk-Based Managed Care system. Primary medical providers provide preventive and primary medical care, and furnish authorizations and referrals for most specialty services.

- Phase I children are and Phase II children are integrated into these managed care networks, thereby assuring they have a medical home.

Benefit Package

- Children eligible for Phase I receive the full Medicaid benefit package.

- Children eligible for Phase II receive benchmark-equivalent coverage. The Phase II benefit package is at least actuarially equivalent to the children's health insurance coverage provided by the standard Blue Cross/Blue Shield preferred provider option service benefit plan offered under the Federal Employees Health Benefits Program.

Cost Sharing

- Families of Phase I children are not subject to cost sharing.

- Families of Phase II children will be subject to cost sharing in the form of sliding-scale premiums and co-payments for certain services. To ensure that cost sharing does not exceed 5 percent of the family's yearly income, families will use the "shoe-box" approach. Refer to Tables A and B below for cost sharing schedules.

- American Indian children are not subject to cost sharing.

TABLE A: PREMIUMS

Income (as a percent of the FPL)	Monthly One Child	Monthly Two or More Children
above 150 through 175 percent	$22	$33
above 175 through 200 percent	$33	$50
above 200 through 225 percent	$42	$53
above 225 through 250 percent	$53	$70
above 250 up to and including 275 percent	$62	$73
above 275 up to and including 300 percent	$73	$90

TABLE B: CO-PAYMENTS

Service	Co-payment
Prescription Drugs C Generic, Compound and Sole-Source	$3
Prescription Drugs C Brand Name	$10
Emergency Ambulance Transportation	$10

State Action to Avoid Crowd Out

- Since Phase I limits family income to 150 percent of the FPL, the possibility of crowd out is reduced as many of the lower income families do not have the option of employer-based health insurance.

- Poverty level children with other insurance are covered by the state under the regular Medicaid matching rate, thereby reducing the incentive for families to drop coverage.

- Phase II minimizes crowd out by requiring that applicants be uninsured for 3 months before they are allowed to enroll in Phase II. Those who lose coverage involuntarily are exempted from this requirement.

- In addition, Phase I and Phase II parents must attest to the lack of current coverage and indicate when the child last had coverage at the time of application or recertification.

- Denial reasons are tracked, resulting in: (1) a count of applicants who were denied because they voluntarily dropped coverage but did not wait the required 3 months before applying, (2) a count of applicants who were denied because they currently carry private insurance, and (3) a count of currently enrolled children who are denied because they gained private coverage rendering them ineligible for SCHIP.

Outreach Activities

- Division of Family and Children (DFC) Central Office efforts include: analyzing the number of uninsured children per county; developing a simplified shortened Hoosier Healthwise application form; including Hoosier Healthwise on a joint application that allows families to apply for Hoosier Healthwise at the same time that they apply for other programs; developing program brochures, posters, and mail-in application booklets in English and Spanish; de-linking Hoosier Healthwise from TANF in the computer system; redesigning the membership card so that enrollees can be proud to carry the card; undertaking a media campaign designed to inform the public about the availability of the Hoosier Healthwise program; creating a new training curriculum for caseworkers and other individuals; coordinating the outreach campaign among various state agencies; and establishing a significant presence at Indiana Black Expo and the state and county fairs.

- DFC Central Office also met with representatives of hospitals, schools, health centers and social service agencies to discuss collaborative outreach and enrollment center opportunities. These discussions led to the development models that can be used in different communities and settings. These models range from a co-location to a partnership where a facility hires a full-time employee to collect the necessary application information.

- Each DFC director was given county-specific enrollment targets and a list of individuals and entities to contact to discuss outreach and enrollment center opportunities. The county directors worked with these and other potential partners in their individual communities to design enrollment centers that met the needs of the individual communities and partners.

- County directors also developed local outreach plans geared to the specific communities. These plans were developed with input from the local office staff, welfare planning councils, health departments, health care providers, Step Ahead Councils, and other community planning boards that address children's issues.

- The State contracted with Black Expo, the Indiana Minority Health Coalition, and the Wishard Hospital Hispanic Health Access Initiative to develop culturally sensitive materials and to implement outreach initiatives. The Consolidated Outreach Project continues was also utilized to provide outreach for children in families of migrant farm workers.

Financial Information

Total FFY '10 SCHIP Allotment -- $144,185,508
FFY '10 Enhanced Federal Matching Rate – 76.15 percent

Last date updated: March 14, 2011