

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 19-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



**Regional Operations Group**

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September 10, 2019

Allison Taylor, Medicaid Director  
Family and Social Services Administration  
402 West Washington, Room W374  
Indianapolis, IN 46204

ATTN: Amy Owens

RE: Transmittal Number (TN) 19-0001

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following State Plan Amendment.

TN 19-001: This State Plan Amendment removes presumptive eligibility pregnant women language from managed care eligibility. As of February 2018, this population is no longer in managed care.

- Effective Date: January 1, 2019
- Approval Date: September 10, 2019

If you have any questions, please have a member of your staff contact Jennifer Maslowski at (312) 886-2567 or by email at [jennifer.maslowski@cms.hhs.gov](mailto:jennifer.maslowski@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Deputy Director  
Center for Medicaid and CHIP  
Regional Operations Group

Enclosure

cc: Amy Owens, FSSA  
Gabrielle Koenig, FSSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER  
19-0012. STATE  
Indiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
January 1, 2019

## 5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 435.116, 42 CFR 435.1177. FEDERAL BUDGET IMPACT (in thousands) :  
a. FFY 2019 \$ 0  
b. FFY 2020 \$ 08. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-F Pages 3, 6, 9, and 119. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 3.1-F Pages 3, 6, 9, and 11

SUBJECT OF AMENDMENT: Following CMS guidance, this amendment removes Presumptive Eligibility (PE) for pregnant women language from managed care eligibility. As of February 2018, this population is no longer in managed care. The effective date for this amendment is January 1, 2019.

## 10. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan.

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED

7/31/2019

16. RETURN TO:

Allison Taylor  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W461  
Indianapolis, IN 46204  
ATTN: Amy Owens, Federal Relations Lead

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  
July 31, 201918. DATE APPROVED  
September 10, 2019

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 201920. SIGNATURE OF REGIONAL OFFICIAL  
/s/21. TYPED NAME  
Ruth A. Hughes22. TITLE  
Deputy Director

23. REMARKS

State: Indiana

Citation	Condition or Requirement
	forum for the public and stakeholders to voice their opinions on CHIP and Hoosier Healthwise.
	Presumptive Eligibility (PE) for pregnant women was legislatively mandated by the Indiana General Assembly during the 2007 legislative session. Public forums and presentations were held to gather feedback from providers and the public. Effective February 1, 2018, this population is no longer in managed care
	D. <u>State Assurances and Compliance with the Statute and Regulations.</u>
	If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	1. <input checked="" type="checkbox"/> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. <input type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring Beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. <input checked="" type="checkbox"/> The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438	6. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.

Citation

Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)					X
Recipients Eligible for Medicare					X
American Indian/Alaskan Natives			X	Statewide	
Children under 19 who are eligible for SSI					X
Children under 19 who are eligible under Section 1902(e)(3)					X
Children under 19 in foster care or other in-home placement					X
Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)					X
Other					Reasonable Classifications of Children

## Healthy Indiana Plan

Population	M	Geographic Area	V	Geographic Area	Excluded
Section 1931 Children & Related Populations – 1905(a)(i)					X
Section 1931 Adults & Related Populations 1905(a)(ii)	X	Statewide			
Low-Income Adult Group	X	Statewide			
Former Foster Care Children under age 21					X
Former Foster Care Children age 21-25					X
Section 1925 Transitional Medicaid age 21 and older	X	Statewide			

TN No. 19-001

Supersedes

TN No. 15-008Approval Date 9/10/19Effective Date: January 1, 2019

State: Indiana

Citation	Condition or Requirement
	<ul style="list-style-type: none"><li>i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</li><li>ii. What action the state takes if the applicant does not indicate a plan selection on the application.</li><li>iii. If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</li><li>iv. The state's process for notifying the beneficiary of the default assignment. (Example: <i>state generated correspondence</i>.)  Applicants have access to Enrollment Broker choice counseling. If an MCO is not selected on the application, default assignment to an MCO is based on the member's prior relationship with an MCO. If there is no prior relationship, the member is assigned based on equitable distribution. The MCO assigns a PMP based on past relationship if the member does not self-select one.</li></ul>
	<ul style="list-style-type: none"><li>b. <input type="checkbox"/> The beneficiary has an active choice period following the eligibility determination.<ul style="list-style-type: none"><li>i. How the beneficiary is notified of their initial choice period, including its duration.</li><li>ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</li><li>iii. Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</li><li>iv. The state's process for notifying the beneficiary of the default assignment.</li></ul></li><li>c. <input type="checkbox"/> The beneficiary is auto-assigned to a health plan immediately upon being determined eligible.</li></ul>

State: Indiana

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Citation

Condition or Requirement

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1. The disenrollment limitation will apply for 9 months (up to 12 months).
2. ☒ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).
3. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

MCO Enrollment Packets

4. Describe any additional circumstances of "cause" for disenrollment (if any).

The following are the just cause reasons for disenrollment from Hoosier Healthwise:

- Receiving poor quality of care;
- Failure of the MCO to provide covered services;
- Failure of the MCO to comply with established standards of medical care administration;
- Significant language or cultural barriers;
- Corrective action levied against the MCO by FSSA;
- Limited access to a primary care clinic or other health services within reasonable proximity to a member's residence;
- A determination that another MCO's formulary is more consistent with a new member's existing health care needs;
- Lack of access to medically necessary services covered under MCO's contract with the State;
- A service is not covered by the MCO for moral or religious objections;
- Related services are required to be performed at the same time and not all related services are available within the MCO's network, and the member's provider determines that receiving the services separately will subject the member to unnecessary risk;