



INDIANA ELIGIBILITY MODERNIZATION

Voluntary Community Assistance Network (V-CAN) and the Healthy Indiana Plan (HIP)

The Healthy Indiana Plan (HIP) is a state-sponsored affordable health insurance program for uninsured adult Hoosiers. Below are some common questions and answers about HIP as it relates to V-CAN members.



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind

Q: Who is eligible?

A: Non-disabled adults (ages 19 – 64), who meet the following requirements:

- Household income less than 200% federal poverty level (FPL).
 - Parents or caretaker relatives of dependent children with family incomes from 22% to 200% FPL (under 22% covered by Medicaid). The 200% of the FPL is approximately \$41,300 for a family of four.
 - Childless adults (no dependent children living in household) with family incomes under 200% FPL, approximately \$20,420 annually. Currently, there is a maximum of 34,000 childless adults that may be covered under HIP.
- Ineligible for employer-sponsored health care coverage.
- U.S. citizen, legal immigrant for at least 5 years, or a qualified non-citizen (refugee or asylee).
- Uninsured for at least 6 months.

Q: Who is not eligible?

A: Individuals who do not meet the requirements stated above are not eligible for HIP. In addition, the following individuals are not eligible for HIP:

- Pregnant women: Pregnant women with household income up to 200% FPL are covered by Hoosier Healthwise.
- Individuals that were terminated from HIP within the past 12 months for failure to pay their monthly contribution. After 12 months has passed, the individual may re-apply for coverage.
- Individuals receiving Medicaid (including Medicaid Spend Down).

Q: What services are covered?

A: Services covered under HIP include: physician services, prescriptions, diagnostic exams, home health services, outpatient hospital, inpatient hospital, hospice, preventive services, family planning, case management, disease management, and mental health services.

Q: How is HIP different from traditional Medicaid or Hoosier Healthwise?

A: HIP is subsidized by the State; however, participants are required to financially contribute to the program on a sliding scale based on income. A "POWER Account" of \$1,100 (made up of funds from the State and the participant) will be used for initial medical services each year to promote personal responsibility in care decisions. Preventive services up to \$500 will be covered without using POWER account funds.

Q: Who will provide HIP plan coverage?

A: The following insurers will provide HIP coverage:

- Anthem Blue Cross and Blue Shield
- MDwise with AmeriChoice
- Indiana Comprehensive Health Insurance Association (ICHIA) – Enhanced Services Plans (for "high risk" members only)



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Q: How can my clients apply?

A: Applicants have the following options for submitting an application:

- **Face to Face:** Visit a Hoosier Healthwise Enrollment Center or local Division of Family Resources (DFR) Office
- **By Phone:** Call 1-877-GET-HIP-9
- **Online:** Paper application available at www.HIP.IN.gov
- **By Mail:** Mail completed application to: FSSA Document Center, PO Box 1630, Marion, IN 46952
- **By Fax:** Fax completed application to the following number: 1-800-403-0864

Q: How can I help my clients apply?

A: V-CAN members can help clients apply for HIP in any of the following ways:

- Maintain a supply of paper applications readily available for walk-in clients. **PLEASE NOTE:** Sample HIP application materials and an order form are available to all V-CAN members on the FSSA website.
- Assist clients in printing an application from the Internet if no paper applications are available at your site.
- Assist clients in completing the application, if you desire, or serve on behalf of a client as an Authorized Representative. **NOTE:** *If serving as an Authorized Representative, make sure to submit an Authorized Representative form with the HIP application. A separate Authorized Representative form should be completed for each individual applying for HIP coverage.*
- Refer clients to the following resources:
 - A local Hoosier Healthwise (HHW) Enrollment Center or DFR Office (find online at www.in.gov/fssa); or
 - Call 1-877-GET-HIP-9.

NOTE: Even if a V-CAN member provides assistance to a client with a HIP application, they should not enter information in the "Completed by Enrollment Center" section of the HIP application. This applies only to HHW Enrollment Centers.

Q: What is the HIP Buy-In Option?

A: The HIP buy-in option allows non-disabled adults with household incomes exceeding 200% of FPL to buy-in to HIP coverage, if they do not have access to employer-sponsored health coverage. As of July 1, 2008, all applicants who are denied HIP coverage as a result of exceeding the income requirement will receive information about the HIP buy-in option. Currently, Anthem Blue Cross Blue Shield is the only provider offering the HIP buy-in option (MDWise with Americhoice plans to offer the HIP buy-in option at a later time). After HIP has 34,000 childless adult clients, those who fall under 200%FPL will have the opportunity to buy-in to HIP at the state's negotiated rate. To apply directly for the HIP buy-in option, contact Anthem Blue Cross Blue Shield at 1-800-622-4075 or contact a licensed Anthem agent to apply.

Q: How can a client check the status of a HIP application?

A: Clients can check case status, including the effective date of coverage and the month of redetermination, through the online case status tool, automated phone system or by speaking with a Call Center Representative.

Q: Where can clients and V-CAN members get more information about HIP?

A: Call 1-877-GET-HIP-9 to ask questions with a Call Center Representative. A list of frequently asked questions and other helpful information about HIP is available on the FSSA website. To find the FAQs, go to www.HIP.IN.gov, select "About HIP" and "FAQs."