

Indiana Medicaid Hierarchy

As of March 8, 2024

| Aid Cat. | Eligibility Description | Age Limits | Income Limits | Fee For Service (FFS) <u>only</u> if one of these applies... | Otherwise, will be Risk-Based Managed Care (RBMC) in... | Coverage Level | Cost-Sharing Required? ¹ | HCBS Waiver Compatible? |
|---------------------------------|---|------------|---|--|---|----------------|-------------------------------------|---|
| MASI <i>Non-MAGI</i> | Disabled members receiving SSI | N/A | N/A | -Retroactive month/s for new application -Level of Care in Core -Medicare recipient | Hoosier Care Connect | Full | N/A | Y <i>No financial budget applied</i> |
| MA X <i>Non-MAGI</i> | Newborns born to mother on Medicaid | < 1 | N/A | -Retroactive month/s for new application -Level of Care in Core | Hoosier Healthwise | Full | Exempt | Y <i>No financial budget applied</i> |
| MA Y <i>MAGI²</i> | Newborns not in MA X | < 1 | ≤ 208% FPL | -Retroactive month/s for new application -Level of Care in Core | Hoosier Healthwise | Full | Exempt | Y <i>Normal financial budget applied</i> |
| MA Z <i>MAGI²</i> | Children | 1 - 5 | ≤ 141% FPL | -Retroactive month/s for new application -Level of Care in Core | Hoosier Healthwise | Full | Exempt | Y <i>Normal financial budget applied</i> |
| MA 2 <i>MAGI²</i> | Children | 6 - 18 | ≤ 106% FPL | -Retroactive month/s for new application -Level of Care in Core | Hoosier Healthwise | Full | Exempt | Y <i>Normal financial budget applied</i> |
| MAGF <i>MAGI²</i> | Low-Income Parent/ Caretaker (LIPC), not eligible for HIP | N/A | ≤ MAGI-Converted Need Standard ³ | -Level of Care in Core -Medicare recipient -Refugee in first 12 months in the U.S. | N/A | Full | N/A | Y <i>Normal financial budget applied</i> |
| MAMA <i>MAGI²</i> | Pregnancy & Postpartum | 19 - 64 | ≤ 133% FPL (initial) | -Retroactive month/s for new application | HIP Maternity | HIP State Plan | Exempt | N |
| MAGP <i>MAGI²</i> | Pregnancy & Postpartum | N/A | ≤ 208% FPL (initial) | -Retroactive month/s for new application -Level of Care in Core -Medicare recipient -Undocumented Immigrant | Hoosier Healthwise Maternity | Full | Exempt | N |
| MA O <i>MAGI²</i> | Inpatient Psychiatric Facility | 19- 20 | ≤ MAGI-Converted Need Standard ³ | Defaults to FFS | N/A | Full | Exempt | N |

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|---|---|--------------------------|---|--|---|---------------------------------------|--|---|
| MA R <i>Non-MAGI</i> | RCAP Room & Board Assistance members | N/A | ≤ 100% FPL | Defaults to FFS | N/A | Full | N/A | N |
| MA 9 <i>MAGI²</i> | Children M-CHIP (<i>Medicaid-funded</i>) | < 1 1 - 18 | ≤ 208% FPL ≤ 158% FPL | -Retroactive month/s for new application -Level of Care in Core | Hoosier Healthwise | Full | Exempt | Y <i>Normal financial budget applied</i> |
| MA Q <i>Non-MAGI</i> | Refugee Medical Assistance (RMA) 1 st 12 months in the U.S. | N/A | ≤ MAGI-Converted Need Standard | Defaults to FFS | N/A | Full | Exempt | N |
| MANA ⁴ <i>HIP Opt-Out MAGI²</i> | Verified Native American | 19 – 64 | ≤ 133% FPL | Defaults to FFS | N/A (<i>not a HIP category</i>) | Full | Exempt | N |
| MAPC <i>Frail No-Pay MAGI²</i> | HIP PLUS State Plan w/copays | 19 – 64 | 101% - 133% FPL | N/A | Healthy Indiana Plan | HIP State Plan | Yes, copays apply and contributions accrue | N |
| MARB <i>MAGI²</i> | HIP Regular Basic | 19 – 64 | ≤ 100% FPL | N/A | Healthy Indiana Plan | HIP ABP ⁵ | Yes, copays apply | N |
| MASB <i>Frail or LIPC MAGI²</i> | HIP State Plan Basic | 19 – 64 | ≤ 100% FPL | N/A | Healthy Indiana Plan | HIP State Plan | Yes, copays apply | N |
| MARP <i>MAGI²</i> | HIP Regular Plus | 19 – 64 | ≤ 133% FPL | N/A | Healthy Indiana Plan | HIP ABP + added benefits ⁶ | Yes, contributions apply | N |
| MASP <i>Frail, LIPC, or TMA Adult MAGI²</i> | HIP State Plan Plus | 19 – 64 or older if LIPC | ≤ 133% FPL ⁷ | N/A | Healthy Indiana Plan | HIP State Plan | Yes, contributions apply | N |
| MA 15 <i>Non-MAGI</i> | Former Foster Children (any state) | 18 - 25 | N/A | Defaults to FFS | Can opt into Hoosier Care Connect | Full | N/A | Y <i>No financial budget applied</i> |
| MA F <i>eligibility lost b/c of job income increase MAGI²</i> | Transitional Medical Assistance (TMA) | < 18 | Months 1-6: N/A ----- Months 7-12: ≤ 185% FPL | N/A <i>Disabled or MA X children will stay in other ongoing category rather than move to MA F</i> | Hoosier Healthwise | Full | Exempt | Y <i>Normal financial budget applied</i> |

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|---------------------------------------|---|------------|----------------------|---|---|--|------------------------|---|
| MA A <i>Non-MAGI</i> | Aged, <u>not</u> Long-Term Care (LTC ⁸) | ≥ 65 | ≤ 100% FPL | -Retroactive month/s for new application -Medicare recipient | Hoosier Care Connect | Full | N/A | N/A See ↙ MA A LTC |
| MA A LTC <i>Non-MAGI</i> | Aged, HCBS Waiver or Institution | ≥ 65 | 300% Current Max SSI | Defaults to FFS | N/A | Full | Exempt | Y SIL ⁹ rules apply |
| MA B <i>Non-MAGI</i> | Blind, <u>not</u> LTC | N/A | ≤ 100% FPL | -Retroactive month for new application -Medicare recipient | Hoosier Care Connect | Full | N/A | N/A See ↙ MA B LTC |
| MA B LTC <i>Non-MAGI</i> | Blind, HCBS Waiver or Institution | N/A | 300% Current Max SSI | Defaults to FFS | N/A | Full | Exempt | Y SIL rules apply |
| MA D ¹⁰ <i>Non-MAGI</i> | Disabled, <u>not</u> LTC | < 65 | ≤ 100% FPL | -Retroactive month for new application -Medicare recipient | Hoosier Care Connect | Full | N/A | N/A See ↙ MA D LTC |
| MA D LTC <i>Non-MAGI</i> | Disabled, HCBS Waiver or Institution | < 65 | 300% Current Max SSI | Defaults to FFS | N/A | Full | Exempt | Y SIL rules apply |
| MADW <i>Non-MAGI</i> | MEDWorks Working Disabled | N/A | ≤ 350% FPL | -Retroactive month/s for new application (after first premium has been paid) -Medicare recipient | Hoosier Care Connect | Full | Yes, premiums apply | Y Pays premiums, not SIL as long as stays MADW |
| MADI <i>Non-MAGI</i> | Previous MADW, Medically Improved | N/A | ≤ 350% FPL | -Level of Care in Core -Medicare recipient | Hoosier Care Connect | Full | Yes, premiums apply | Y Pays premiums, not SIL as long as stays MADI |
| MA L <i>Non-MAGI</i> | QMB Qualified Medicare Beneficiary | N/A | ≤ 150% FPL | Medicare Savings Program Only – may or may not have coverage in another FFS category | N/A | Medicare Parts A & B premium, deductible, & co-insurance | N/A | N May receive in another full coverage category if dual-eligible |
| MA J <i>Non-MAGI</i> | SLMB Special Low-Income Medicare Beneficiary | N/A | 151% - 170% FPL | Medicare Savings Program Only – may or may not have coverage in another FFS category | N/A | Medicare Part B Premiums | N/A | N May receive in another full coverage category if dual-eligible |
| MA I <i>Non-MAGI</i> | QI Qualified Individual | N/A | 171-185% FPL | Medicare Savings Program Only – cannot have coverage in any other category | N/A | Medicare Part B Premiums | N/A | N Cannot be dual-eligible |

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|---------------------------------|--|------------|---------------|--|---|--------------------------|---------------------------------|---|
| MA G <i>Non-MAGI</i> | QDW Qualified Disabled Worker <i>lost free Part A coverage due to employment</i> | N/A | ≤ 200% FPL | Medicare Savings Program Only – cannot have coverage in any other category | N/A | Medicare Part A Premiums | N/A | N <i>Cannot be dual-eligible</i> |
| MA10 <i>MAGI²</i> | Children S-CHIP <i>(Separately funded)</i> | ≤ 18 | ≤ 250% FPL | -Retroactive month/s (after first premium has been paid) | Hoosier Healthwise | Comprehensive | Yes, premiums and copays apply. | N |
| MA E <i>MAGI²</i> | Family Planning Only | N/A | ≤ 141% FPL | Defaults to FFS | N/A | Limited | Exempt | N |
| MA 4 <i>Non-MAGI</i> | IV-E Foster Children | ≤ 18 | N/A | Defaults to FFS | Can opt into Hoosier Care Connect | Full | Exempt | Y <i>No financial budget applied</i> |
| MA 8 <i>Non-MAGI</i> | Children in Adoption Assistance Program | ≤ 18 | N/A | Defaults to FFS | Can opt into Hoosier Care Connect | Full | N/A | Y <i>No financial budget applied</i> |
| MA 12 <i>Non-MAGI</i> | ISDH Breast and Cervical Cancer Program | 18-64 | ≤ 200% FPL | Defaults to FFS | N/A | Full | Exempt | N |

| | | | |
|---------------------|--|--|---|
| ESO Coverage | Income & other rules of “shell” category apply Must always be FFS | Covers “Emergency Services Only” (due to Immigration Status); plus labor & delivery Can temporarily expand to cover prenatal and postpartum services for Lawful Permanent Residents | Exempt from cost-sharing (cannot be MA10, MADW/I, or HIP Plus) Not HCBS compatible |
|---------------------|--|--|---|

Notes:

¹ Costs (copays, premiums, contributions) *imposed by the Medicaid program* are limited to 5% of countable income per calendar quarter. This does not apply to any/all healthcare spending by the family or individual, nor does it apply to waiver liability or patient liability.

² MAGI budgets give a disregard of 5% FPL in the budget, if needed to pass in any MAGI category. The disregard should not be applied when simply determining in which MAGI category a person qualifies, (e.g., MA 2 or MA 9) for low-income flags, or for the HIP Basic threshold.

³ The MAGI-Converted Need Standard is based on Temporary Aid to Needy Families (TANF) income limits, which are independent of current FPL and do not change each year. There is not a consistent FPL % that the amount can be converted to for various household sizes, and it decreases each year that the FPL is raised. As of 2018, the equivalent FPL % for the MAGI-Converted Need Standard ranges between 15% and 17% FPL (ex., \$373.00 a month for a family of 4). This is also the Low-Income Parent/Caretaker standard used for HIP categories.

⁴ Members with verified Native American/Alaskan Native status are exempted from cost-sharing in any category.

⁵ ABP = The Alternative Benefit Plan is a benefit package with lesser coverage than State Plan benefits. The ABP is benchmark coverage per 42 U.S.C. 1396u-7 and covers Essential Health Benefits as required by the Affordable Care Act.

⁶ HIP Regular Plus coverage is the ABP, with some additional services such as vision, dental, and chiropractic.

⁷ All Transitional Medical Assistance (TMA) for adults is given in HIP State Plan Plus. The income limit does not apply for the first 6 months, and is 185% FPL for the second 6 months.

⁸ Long-Term Care (LTC) = approved for Home and Community Based Services Waiver services and open in a compatible Medicaid category, or living in a Medicaid-certified institution such as a nursing home.

⁹ The SIL, or Special Income Limit, allows for disregard of parental income and resources for children, spousal impoverishment budgeting when married to a spouse not in LTC, establishment of a Miller Trust for excess income; and can require patient liability or waiver liability.

¹⁰ MA B/D/DW/DI are effectively above HIP in the hierarchy when a non-LTC member is verified as disabled by the Social Security Administration and has income and resources below the regular MA D limits. A blind or disabled member may receive coverage in HIP if income and resources exceed the MA D standards or if they fail to comply with MA D eligibility determination, but HIP passes.