

# Indiana Medicaid Update for Enrollment Specialists



## **Nonis Spinner**

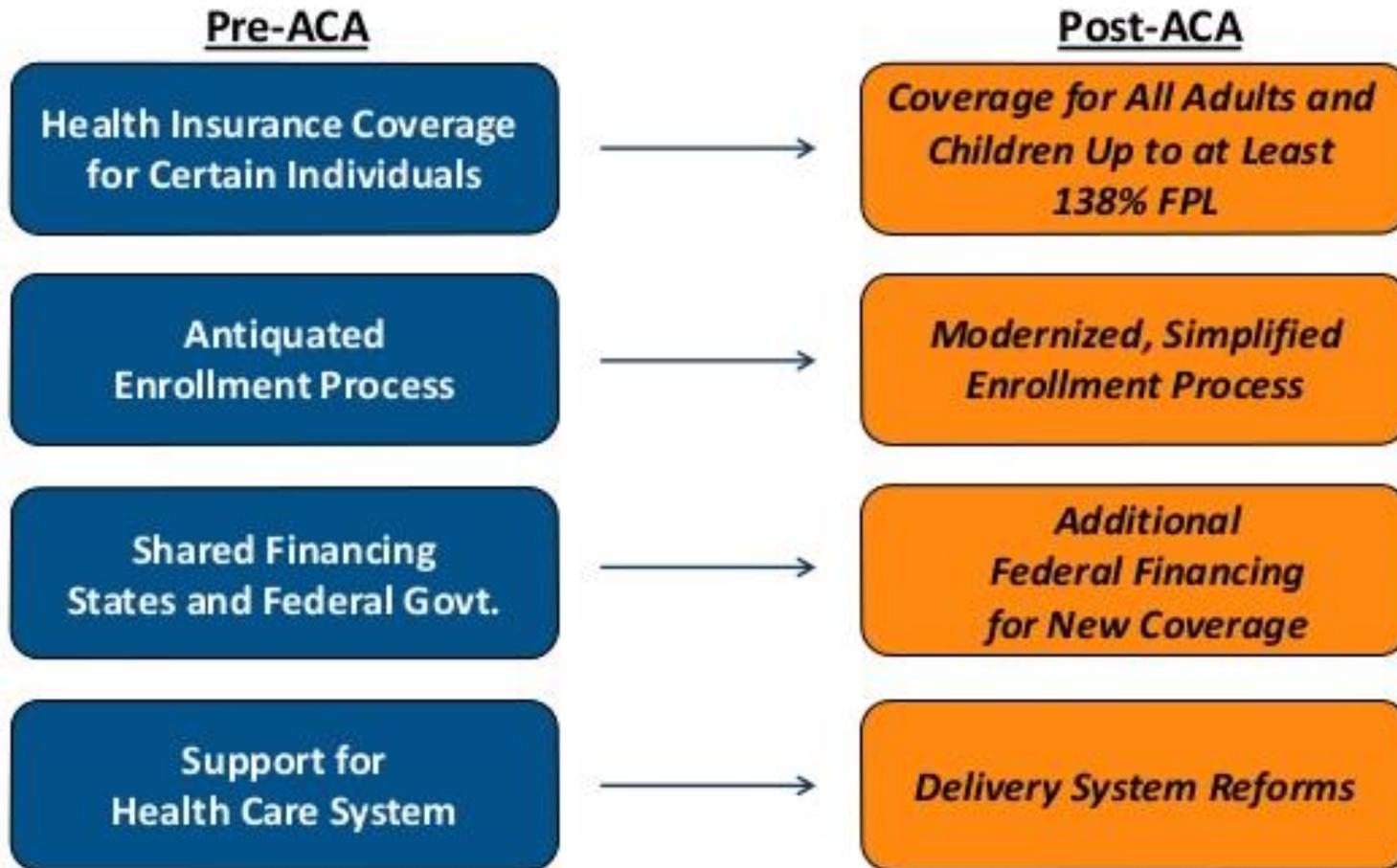
Eligibility Director

Office of Medicaid Policy & Planning

Family and Social Services Administration



# Medicaid at 50: Moving to the future

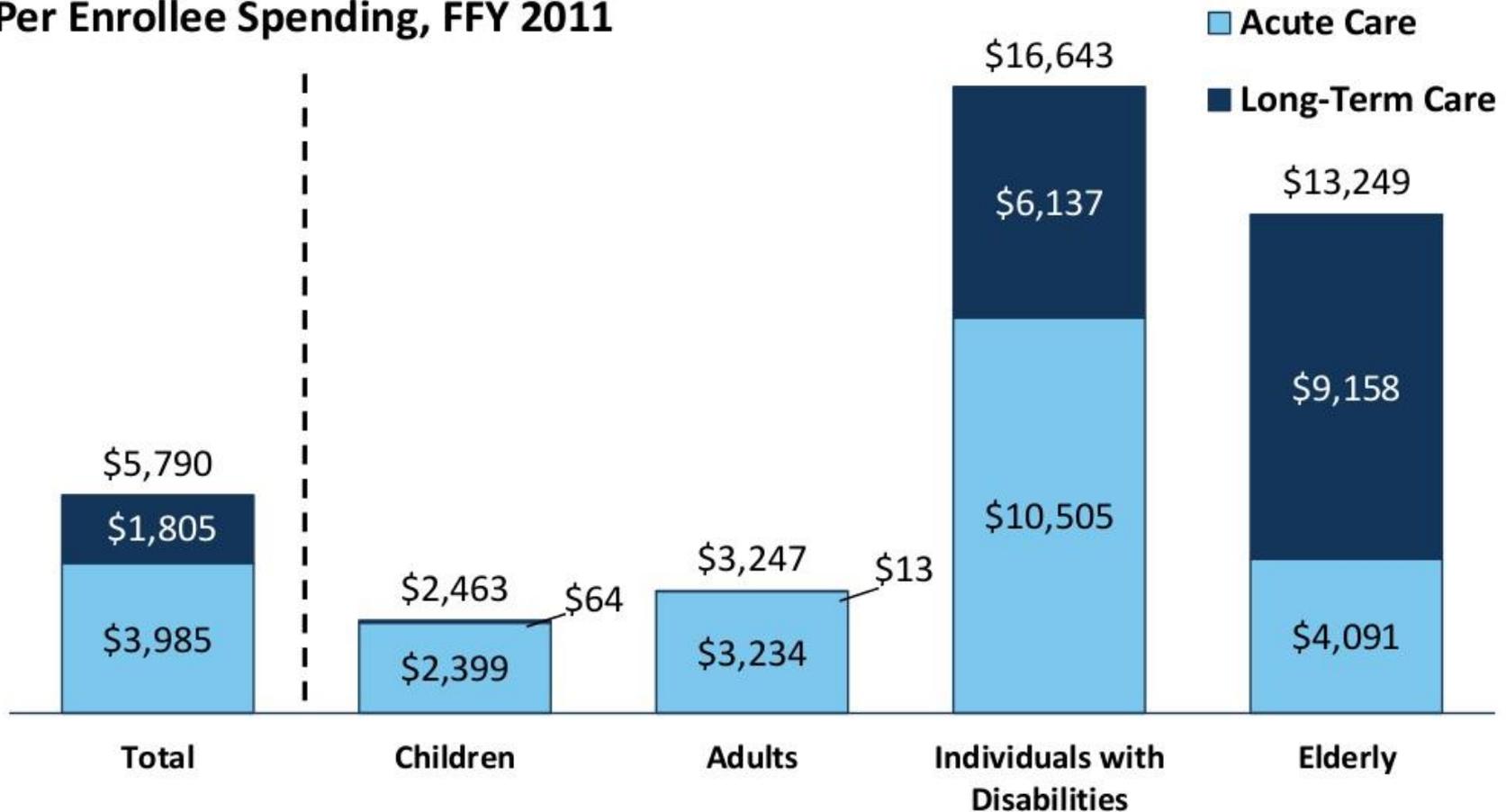


# Medicaid Policy and Planning

- The Office of Medicaid Policy and Planning (OMPP) efficiently and effectively administers Medicaid programs for the state of Indiana.
- Medicaid is more than just health coverage—it provides a vital safety net to one in five Hoosiers.

# Meeting the Varied Needs of Populations Covered in Medicaid

Per Enrollee Spending, FFY 2011



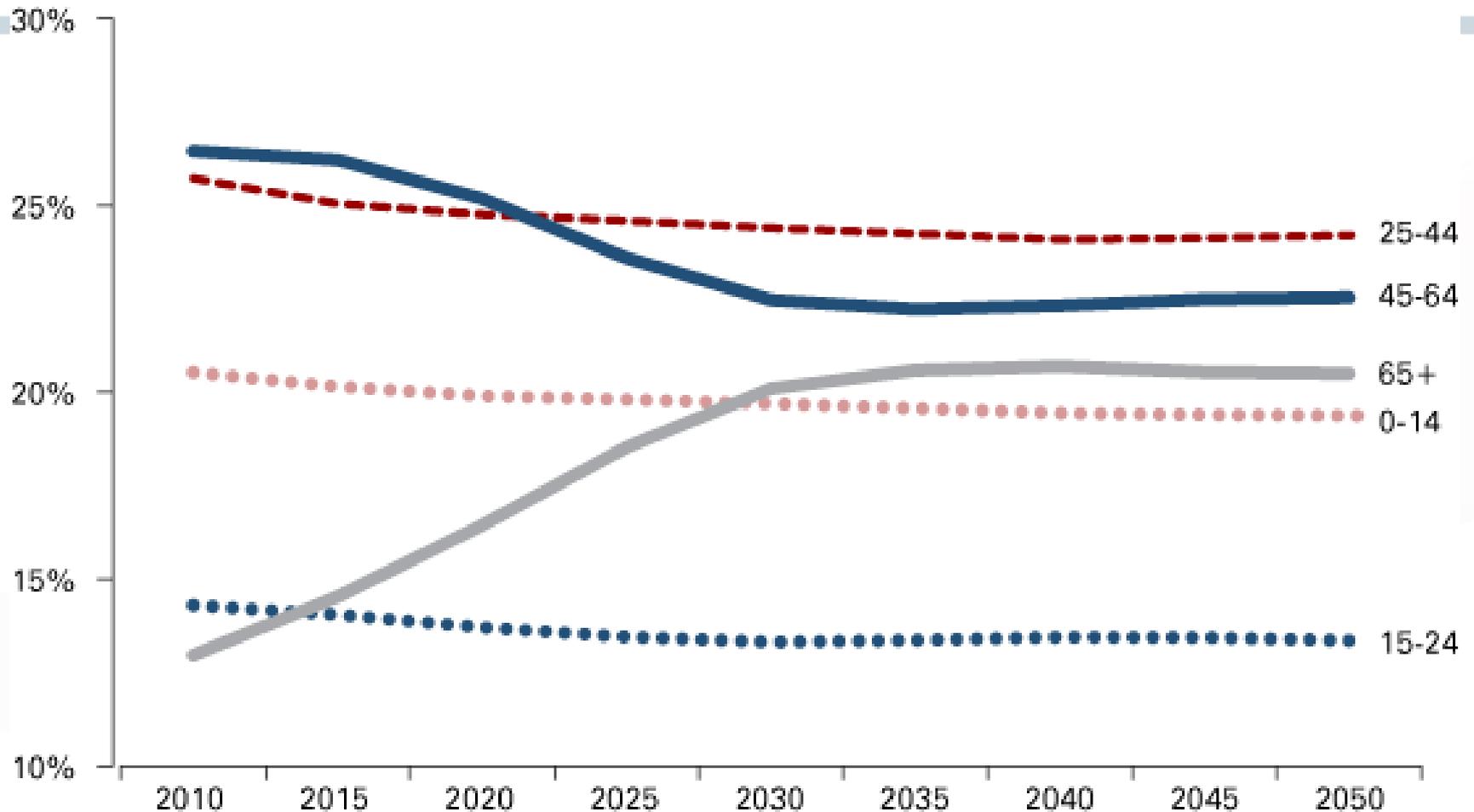
# Near-Term Future Trends

- We will continue to improve our ability to rely upon electronic matched of information whenever possible
- In 2017, we anticipate implementing an asset verification program to check for resources as we currently do for job income
- Also planned for the very near future is a replacement for the current computerized eligibility system used by DFR and OMPP
- We will also put into place a new Medicaid Management Information System (current “AIM”)

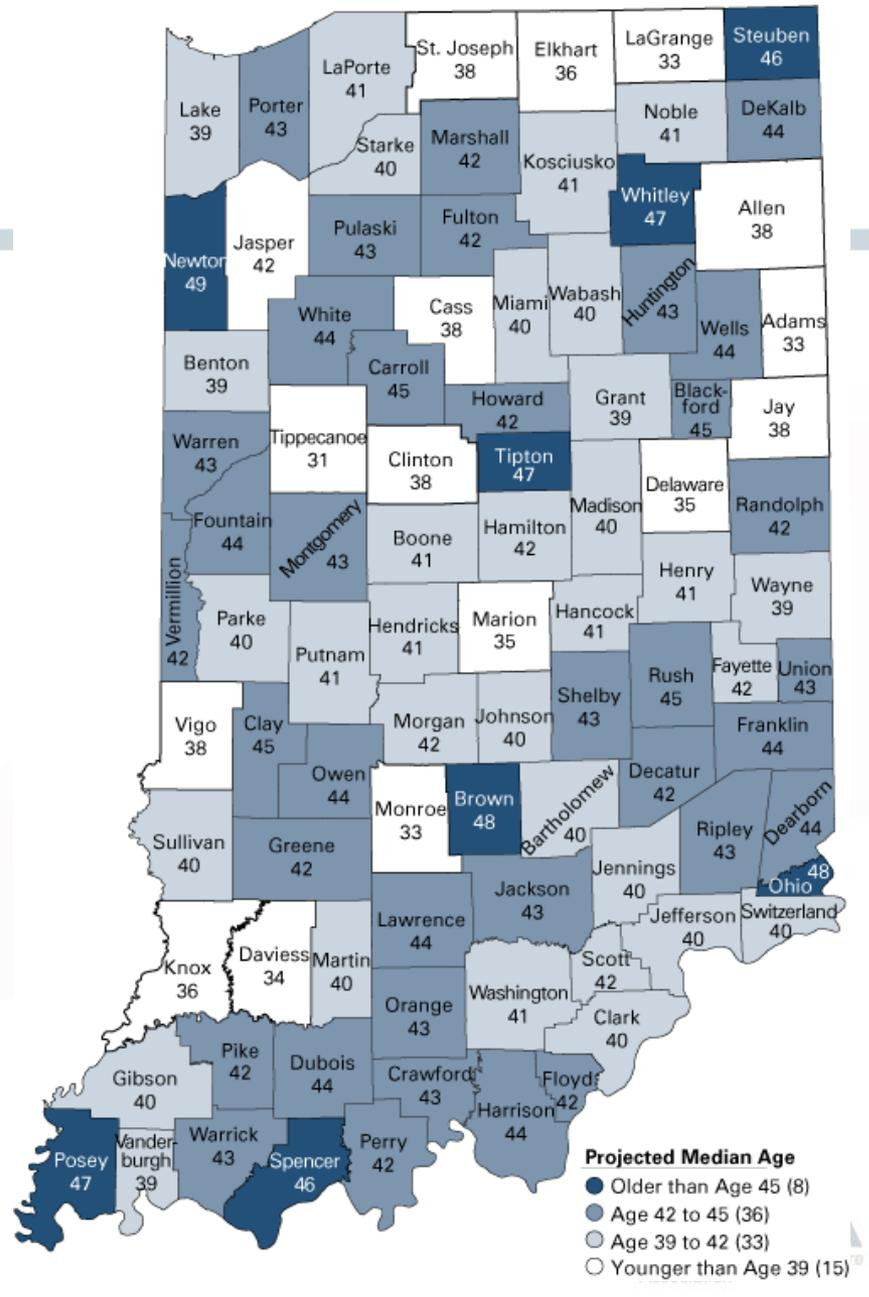
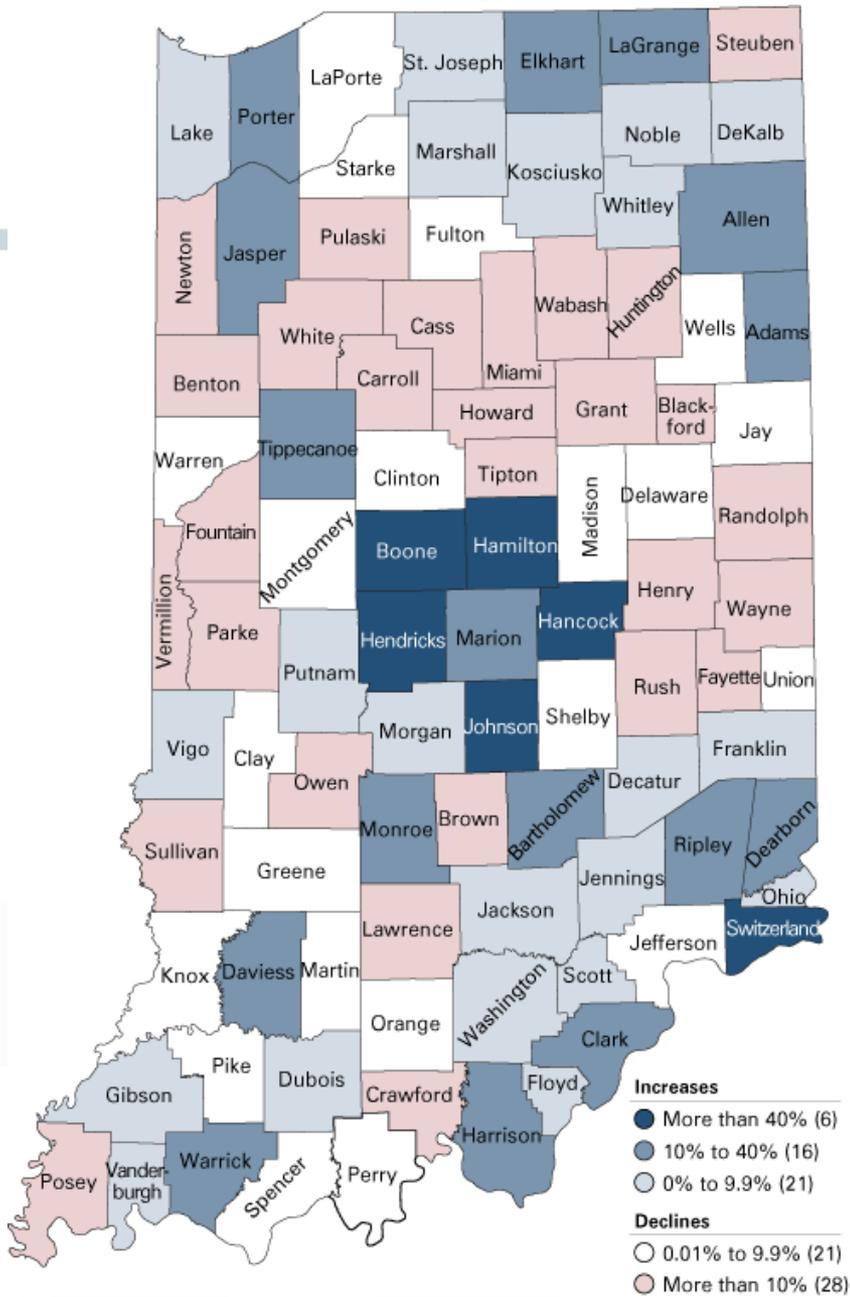
# Long-Term Future Trends

- According to the Indiana Business Research Center, Indiana's population is projected to increase by 15% between the years of 2010 to 2050, with 1/3 of the growth occurring by 2020, and slower growth after that time.
- Specific trends related to these population patterns are likely to present unique challenges.

# Projected Share of Total Population by Age Group, 2010 to 2050



Kinghorn, Matt. (Spring 2012) Indiana's Population Projections, 2010 to 2050. *Indiana Business Review*, volume 87 (No. 1)  
Retrieved from <http://www.ibrc.indiana.edu/ibr/2012/spring/article1.html>



Ibid.

# Indiana Application for Health Coverage (IAHC) Best Practices

Determining household size and countable income:

- MAGI (Modified Adjusted Gross Income) Rules
  - MAGI rules are very similar to IRS rules for who files taxes together and what income counts. These rules are used for Hoosier Healthwise (children and pregnant women) and HIP 2.0
  - Resources are not counted for these categories
- The number of unborn children is counted in the household size of a pregnant woman (for her own Medicaid)
- Income is most commonly verified by:
  - Most recent 30 days of paystubs/gross payments
  - Most recent self-employment tax records
  - Signed employer's statement or several months of paystubs to show a pattern for fluctuating or seasonal employment

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- The number of unborn children is counted in the household size of a pregnant woman (for her own Medicaid)
- Non-MAGI rules are used for Aged, Blind, and Disabled categories; resource rules are the same as SSA uses
- Medicare Savings Programs each have their own financial limits

The “Am I Eligible?” tool has all of the same logic built into it as the computerized eligibility system the Division of Family Resources uses.



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Family Resources**

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# Indiana Application for Health Coverage (IAHC) Best Practices

- Undocumented immigrants cannot receive full coverage Medicaid, but can be covered for emergency care and for pregnancy and delivery; their status does not affect family members who are citizens (such as their children)
- Homeless individuals can provide the address of a friend, family member, or other location where they can pick up their mail; they do not have to reside at a physical address as long as they respond to notices which are mailed in their name
- DFR **never** contacts law enforcement, child services, or immigration authorities unless it is in relation to the commission of a crime or child abuse/neglect or endangerment

# Indiana Application for Health Coverage (IAHC) Best Practices

- Incarcerated individuals
  - A person's prior felony status, regardless of the offense, does not prevent them from receiving Medicaid as long as they are no longer incarcerated
  - Those who are on probation, parole, or house arrest can receive Medicaid if not required to return to a DOC/jail facility at night
  - DOC or the county jail can apply as the Authorized Representative for incarcerated individuals, so that upon their release, they need only report the change in status and any other updates (address, household, income, etc.) to DFR to get Medicaid, if otherwise eligible
  - Upon their release, these members may also choose to visit a healthcare provider which is authorized to submit Presumptive Eligibility applications, and get their Medicaid started even sooner

# Indiana Application for Health Coverage (IAHC) Best Practices

- Checking on case status, Authorized Representatives



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# Indiana Application for Health Coverage (IAHC) Best Practices

## Authorized Representative (AR) Status

- When on the final page of the online application (“Sign & Submit”), there is a line near the top that says “**Click the link to print the Authorized Representative Form**”. Using this option will print a form with the unique bar code for that specific member’s application, and will ensure that it will be scanned into the correct case immediately. This will eliminate delays in being able to speak to someone over the phone about the member’s case, and make sure the AR gets copies of notices. Photocopied or generic forms are sent to a non-indexed documents queue and must all be worked one by one via a manual process, which takes much longer.
- “Apply Only” AR status expires with the denial or approval of the current application; “Ongoing” will continue until the member or the AR request it to change or terminate.

# Indiana Application for Health Coverage (IAHC) Best Practices

- Once a valid application is received, the DFR office is to process Medicaid applications within 45 days. If an applicant states they are disabled, this process may take up to 90 days.
- For those who do not indicate a disability on their application no interview is needed, and a form called a 2032 is sent requesting all information that is needed to determine eligibility. Most of these applicants who qualify are approved within 20 days from the application date (including HIP 2.0).
- Those who indicate they are aged, blind, or disabled will have an appointment scheduled by phone or at the local DFR to gather information in regard to resources, disability status, etc.

# Tips for Assisting Individuals with Disabilities

- Since Indiana became a 1634 State in 2014, we accept the decision of the Social Security Administration on a person's disability status. Those whom are awaiting a decision on an application or appeal with SSA may receive Medicaid for the blind/disabled by sending their records to our Medical Review Team for a provisional approval, pending the final SSA decision
- Those whom have not applied with SSA will be instructed to do so within 45 days (someone may help, but takes on legal obligations and liability if doing so <https://www.ssa.gov/representation/> )
- They will still have the normal 13 days to provide any other needed verifications

# Communicating with the Division of Family Resources

- Options to address issues:
  - Workers who answer the phones at 1-800-403-0864 can address most common questions and problems
  - Especially if paperwork needs to be turned in or clarified, going into a local office (if possible) can be the best option
  - Regional Mailboxes are available for inquiries, and are assigned to experienced workers with a high priority and expectation of a response within 3-5 business days.

[http://www.in.gov/fssa/files/DFR\\_Map\\_and\\_County\\_List.pdf](http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf)

# Communicating with the Division of Family Resources

- If a closure letter has been sent, the time to appeal is limited—benefits can be continued for an ongoing case if the appeal is sent in before the effective date of the closure. If the issue is resolved satisfactorily and the appeal is not needed, it can be withdrawn.
- For a denial of a new application, applying again can get the process restarted right away, in case the appeal is not won.

# Issues & Workarounds

## MCE Tips

- 1-800-889-9949 to select MCE for Hoosier Healthwise/Hoosier Care Connect, 1-800-GET-HIP-9 for HIP 2.0
- Once member pays an MCE they are not allowed to switch except in very rare circumstances—so it is best to take time to research, and then make a payment when they are sure their preferred provider is in that network.
- Payments which are mailed in take the longest time to process before they can be applied; if there is not enough information to identify the member, the payment may never make it to the right account. If the member needs to mail payment, the RID and other identifying information should be included.
- HPE and the MCEs have their own Authorized Representative procedure for the private health information (PHI) that they handle. This is kept separate from the information handled by DFR. It has no bar code, and isn't sent to DFR.  
<http://member.indianamedicaid.com/media/71935/ihcp%20auth%20form.pdf>

# Helpful Resources

DFR Benefits Portal

(Am I Eligible? Apply, Check Status, Report Changes)

<https://www.ifcem.com/CitizenPortal/application.do>

Helpful Info/Forms/Find My Local Office

<http://www.in.gov/fssa/dfr/2999.htm>

DFR Regional Inquiry Mailboxes, Map & Listing

[http://www.in.gov/fssa/files/DFR\\_Map\\_and\\_County\\_List.pdf](http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf)

Monthly Medicaid Enrollment by Type, Age, County

<http://www.in.gov/fssa/ompp/4881.htm>