

HIP 2.0 IMPLEMENTATION

QUICK FACTS

When will HIP 2.0 start?

- FSSA has been working for months to implement HIP 2.0 and will begin taking applications immediately. Hoosiers interested in HIP 2.0 can go to www.HIP.IN.gov and see if they're eligible based on their income and family size. Based on the information they enter, our calculator will indicate if the right place to apply is with the state or federal marketplace.

When and how can Hoosiers apply?

- Hoosiers can apply for HIP 2.0 now. Applications can be made online at www.HIP.IN.gov, by mail, fax or phone, or by visiting a local FSSA Division of Family Resources (DFR) office. You can also find your local DFR office by going to www.HIP.IN.gov.
- In addition, the federal marketplace will be working with us to get Hoosiers eligible for HIP 2.0 enrolled. The marketplace will begin sending applications to the state of Hoosiers who have applied for coverage there but now may now be income eligible for the Healthy Indiana Plan.

Where can Hoosiers find more info?

- To learn more about the NEW Healthy Indiana Plan – HIP 2.0 – or to see if you're eligible, go to www.HIP.IN.gov or call 1-877-GET-HIP-9.
- Health care providers can expect a provider bulletin with the details of HIP 2.0 to be published in the near future.

How will FSSA help Hoosiers sign up for HIP 2.0?

- FSSA has been working for months to make the systems changes necessary to implement HIP 2.0 and has trained its eligibility workers to be ready to begin helping Hoosiers and processing applications as they apply.
- FSSA worked with a wide ranging coalition of health care providers, enrollment organizations and social services providers beginning last summer to develop a comprehensive public education strategy that it will begin deploying immediately.
 - FSSA will continue to engage and educate these stakeholders, including Indiana's statewide network of over 1,100 certified navigators,
 - Letters will be mailed to existing HIP members and non-disabled adults who will be transitioning to HIP 2.0.
 - www.HIP.IN.gov has been updated so that it now contains information about HIP 2.0, including a calculator to help Hoosiers know if they are eligible for coverage. Hoosiers can also apply starting immediately. The website also includes preliminary training information for stakeholders such as health care providers and navigators. Information will continue to be added.
 - In the coming months, FSSA will promote and sponsor events around the state where Hoosiers can learn about HIP 2.0 in person from health coverage experts. FSSA will also support the statewide outreach efforts of the stakeholder organizations as they execute their own plans to engage Hoosiers now eligible for the Healthy Indiana Plan.
 - FSSA will also develop a traditional marketing campaign including collateral materials, training, TV and radio advertising, etc., and ongoing media outreach around the state to help ensure awareness of HIP 2.0. We will begin work on this now that CMS has approved our waiver.

What will happen to current HIP members? When will they become HIP 2.0 members?

- Current Healthy Indiana Plan members will be seamlessly transitioned to HIP 2.0 without any break in coverage. They will also remain enrolled with the same health plan.
- All members will be given a new POWER account to manage, and monthly contributions will be adjusted according to the waiver.
- The state will send notices and provide information to current enrollees in January, and these individuals will be enrolled in HIP 2.0 starting in February.
- HIP.IN.gov will also feature a special “conversion” section that details how these members will be impacted.

What if someone is enrolled in Hoosier Healthwise or the Medicaid program?

- Coverage for current low-income parents or caretakers or 19- and 20-year-olds will be changing from Hoosier Healthwise to HIP 2.0. These members will be seamlessly transitioned to HIP 2.0. without any break in coverage and will remain enrolled with the same health plan.
- Benefits provided under HIP 2.0 coverage will be the same for these members as their current benefits, but they will now have a POWER account to help pay for health care and will have the opportunity to contribute to their POWER accounts and participate in HIP Plus.
- The state will send these members details of this transition in January, and their HIP 2.0 coverage will begin in February.
- There will be no changes for other current Hoosier Healthwise members. Pregnant women and children currently enrolled in Hoosier Healthwise will continue to receive coverage through Hoosier Healthwise.

What about members receiving family planning services only?

- These members will be informed that they will not need to complete an application but will automatically become conditionally eligible for HIP and may choose a health plan.
- To begin HIP coverage without a gap in coverage these members will need to make their initial POWER account contributions before the end of February.

What if I am currently enrolled in a Marketplace plan?

- The state will reach out to Hoosiers with incomes between 100 and 138 percent of the federal poverty level to help ensure they understand that they are likely now eligible for health insurance through Indiana’s HIP Plus program and need to take immediate action to avoid a potential tax penalty. Otherwise, the Health Insurance Marketplace might not terminate their existing policies and they may have to pay back their tax credits when they file their 2015 taxes.
- These members are being sent instructions on how to update their Marketplace accounts and are urged to take action to see if they qualify for HIP Plus. These instructions will also be posted to the special conversion section of www.HIP.IN.gov.
- To guarantee access to HIP Plus benefits, marketplace members need to update their accounts on the federal Marketplace. If members are eligible for HIP and continue to receive reduced cost coverage on the federal Marketplace, they will face a tax penalty in 2016.

What happens to people who applied after July 2014 when enrollment in HIP (1.0) was cut off?

- Any applications received since then were set aside and not processed. Now that HIP 2.0 is approved, the state will process those applications and verify the eligibility of those applicants. Applicants on the waiting list do not have to reapply.
- Applicants may receive requests from the state for additional information to determine their HIP 2.0 eligibility. This information must be returned by the due date indicated on the letter or the application cannot be processed, and the person would have to reapply.
- Some applicants may simply receive notice that they are eligible for HIP 2.0 with instructions. They’ll also receive deadlines for choosing a health plan and making a POWER account contribution.