

Indiana Medicaid Hierarchy

As of January 1, 2023

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	MAGI ²	HCBS Waiver Compatible?
MA SI	Disabled members receiving SSI	N/A	N/A	-Retroactive month/s for new application -Level of Care is entered into Core -Medicare recipient	Hoosier Care Connect	Full	N/A	N	Y <i>No financial budget applied</i>
MA X	Newborns born to mother on Medicaid	< 1	N/A	-Retroactive month/s for new application -Level of Care is entered into Core	Hoosier Healthwise	Full	Exempt	N	Y <i>No financial budget applied</i>
MA Y	Newborns not in MA X	< 1	≤ 208% FPL	-Retroactive month/s for new application -Level of Care is entered into Core	Hoosier Healthwise	Full	Exempt	Y	Y <i>Normal financial budget applied</i>
MA Z	Children	1 - 5	≤ 141% FPL	-Retroactive month/s for new application -Level of Care is entered into Core	Hoosier Healthwise	Full	Exempt	Y	Y <i>Normal financial budget applied</i>
MA 2	Children	6 - 18	≤ 106% FPL	-Retroactive month/s for new application -Level of Care is entered into Core	Hoosier Healthwise	Full	Exempt	Y	Y <i>Normal financial budget applied</i>
MAG F	Parent or Caretaker Relative, not eligible for HIP	N/A	≤ MAGI-Converted Need Standard ³	-Level of Care is entered into Core -Medicare recipient -Refugee in first 8 months in the U.S.	N/A	Full	Yes, copays apply	Y	Y <i>Normal financial budget applied</i>
MAMA	Pregnancy & Postpartum	19 - 64	≤ 133% FPL (initial)	-Retroactive month/s for new application	HIP Maternity	HIP State Plan	Exempt	Y	N
MAG P	Pregnancy &	N/A	≤ 208% FPL	-Retroactive month/s for	Hoosier Healthwise	Full	Exempt	Y	N

	Postpartum		(initial)	new application -Level of Care is entered into Core -Medicare recipient -Undocumented Immigrant	e Maternity				
MA O	Inpatient Psychiatric Facility	19-20	≤ MAGI-Converted Need Standard	Defaults to FFS	N/A	Full	Exempt	Y	N

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MA R	RCAP Room & Board Assistance members	N/A	≤ 100% FPL	Defaults to FFS	N/A	Full	N/A	N	N
MA 9	Children M-CHIP (Medicaid-funded)	≤ 18	≤ 158% FPL	- Retroactive month/s for new application -Level of Care is entered into Core	Hoosier Healthwise	Full	Exempt	Y	Y <i>Normal financial budget applied</i>
MA Q	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	N
MAN A ⁴ <i>HIP Opt-Out</i>	Verified Native American	19 – 64	≤ 133% FPL	Defaults to FFS	N/A <i>(not a HIP category)</i>	Full	Exempt	Y	N
MAPC <i>Frail No-Pay</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	Y	N
MARB	HIP Regular Basic	19 – 64	≤ 100% FPL	N/A	Healthy Indiana Plan	HIP ABP ⁵	Yes, copays apply	Y	N
MASB <i>Frail or LIPCT</i>	HIP State Plan Basic	19 – 64	≤ 100% FPL	N/A	Healthy Indiana Plan	HIP State Plan	Yes, copays apply	Y	N
MARP	HIP Regular Plus	19 – 64	≤ 133% FPL	N/A	Healthy Indiana Plan	HIP ABP + added benefits ⁶	Yes, contributions apply	Y	N
MASP <i>Frail, LIPCT, or TMA</i>	HIP State Plan Plus	19 – 64 or older if LIPCT	≤ 133% FPL ⁷	N/A	Healthy Indiana Plan	HIP State Plan	Yes, contributions apply	Y	N

MA 15	Former Foster Children (any state)	18-25	N/A	Defaults to FFS	Can opt into Hoosier Care Connect	Full	N/A	N	Y No financial budget applied
MA F <i>eligibility lost b/c of job income increase</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	N	Y Normal financial budget applied
MA A	Aged, <u>not</u> Long-Term Care (LTC [®])	≥ 65	≤ 100% FPL	-Retroactive month/s for new application -Medicare recipient	Hoosier Care Connect	Full	Yes, copays Apply	N	N/A See ↪ MA A LTC
MA A LTC	Aged, HCBS Waiver or Institution	≥ 65	300% Current Max SSI	Defaults to FFS	N/A	Full	Exempt	N	Y <i>SIL⁹ rules apply</i>
MA B	Blind, <u>not</u> LTC	N/A	≤ 100% FPL	-Retroactive month for new application -Medicare recipient	Hoosier Care Connect	Full	Yes, copays apply	N	N/A See ↪ MA B LTC
MA B LTC	Blind, HCBS Waiver or Institution	N/A	300% Current Max SSI	Defaults to FFS	N/A	Full	Exempt	N	Y <i>SIL rules apply</i>
MA D ¹⁰	Disabled, <u>not</u> LTC	≤ 65	≤ 100% FPL	-Retroactive month for new application -Medicare recipient	Hoosier Care Connect	Full	Yes, copays apply	N	N/A See ↪ MA D LTC
MA D LTC	Disabled, HCBS Waiver or Institution	≤ 65	300% Current Max SSI	Defaults to FFS	N/A	Full	Exempt	N	Y <i>SIL rules apply</i>
MAD W	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 and copays apply	N	<i>Submit to PAL (Policy Answer Line) to determine if correct</i>
MAD I	Previous MAD W, Medically Improved	N/A	≤ 350% FPL	-Level of Care is entered into Core -Medicare recipient	Hoosier Care Connect	Full	Yes, premiums and copays apply	N	<i>Submit to PAL (Policy Answer Line) to determine if correct</i>
MA L	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	N <i>May receive in another full coverage category if dual-eligible</i>

MA J	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	N <i>May receive in another full coverage category if dual-eligible</i>
MA I	QJ 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	N <i>Cannot be dual-eligible</i>
MA G	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	N <i>Cannot be dual-eligible</i>
MA1 O	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.	Y	N
MA E	Family Planning Only	N/A	≤ 141% FPL	Defaults to FFS	N/A	Limited	Exempt	Y	N
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MA 4	IV-E Foster Children	≤ 18	N/A	Defaults to FFS	Can opt into Hoosier Care Connect	Full	Exempt Chapter 160 Q (Final Draft).docx	N	Y <i>No financial budget applied</i>
MA 8	Children in Adoption Assistance Program	≤ 18	N/A	Defaults to FFS	Can opt into Hoosier Care Connect	Full		N	Y <i>No financial budget applied</i>

MA 12	ISDH Breast and Cervical Cancer Program	N/A	≤ 200% FPL	Defaults to FFS	N/A	Full	Exe mpt	N	N
ESO Coverage Looks like another category but that will only be a “shell” category		Income & other rules of “shell” category apply Must always be FFS		Covers “Emergency Services Only” (due to Immigration Status); Can temporarily expand to cover pregnancy through postpartum		Exempt from cost-sharing (cannot be MA10, MADW/I, or HIP Plus) Not HCBS compatible			

- 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 HIP if income and resources exceed the MA D standards or if they fail to comply with MA D eligibility determination, but HIP passes.