



News Release

Indiana temporarily extends Healthy Indiana Plan for members having difficulty purchasing coverage on the federal health exchange

INDIANAPOLIS (December 10, 2013) -- The Indiana Family and Social Services Administration (FSSA) is informing more than 10,000 current members of the Healthy Indiana Plan (HIP) that their benefits will continue through the end of April 2014 to allow additional time for them to obtain new health coverage through the federal marketplace at www.healthcare.gov. Many HIP members have faced difficulties in the marketplace enrollment process, and this extension is meant to counter any lingering effects of the federal marketplace's well-documented technical issues. The HIP members impacted are those between 100-200 percent of the federal poverty level who will no longer qualify for the Healthy Indiana Plan due to lower eligibility standards set forth in the Healthy Indiana Plan waiver authorized by the Centers for Medicare and Medicaid Services (CMS). The new discontinuation date for these HIP members is April 30, 2014. FSSA Secretary Debra Minott requested this temporary extension in early November. [A copy of the request can be found here.](#)

"We have a responsibility to assist Healthy Indiana Plan enrollees during this transition period," said Minott. "The fact of the matter is the health plans HIP members were told would be available starting in October have proven difficult to access due to the federal marketplace's well-documented technical issues. This extension provides additional time for these Hoosiers to remain on their HIP plans while they complete their enrollment and gain coverage through the marketplace."

Governor Mike Pence announced in September that CMS had agreed to allow Indiana a one-year extension to continue to offer the innovative, consumer-driven Healthy Indiana Plan through 2014. During the discussions leading up to the extension, Pence administration officials and CMS officials mutually agreed that, in order to avoid duplication of efforts to cover individuals over 100 percent of the federal poverty level, HIP should focus exclusively on those Hoosiers who are beneath this income threshold. Individuals below the poverty line are not eligible for premium tax credits under the Affordable Care Act. The federal government's position was that those over the federal poverty line could be covered under new subsidized federal policies through Obamacare. As a result of this agreement, approximately 20,000 more low-income Hoosiers will have health coverage in 2014. Indiana currently serves roughly 35,000 Hoosiers through HIP.

In early November, Secretary Minott expressed concerns to CMS about the technical difficulties

HIP members may be facing in trying to obtain federal health exchange plans by January 1. Because of these technical issues, FSSA and CMS agreed to allow these HIP members more time to transition to other health coverage. This agreement is necessary because the State of Indiana cannot unilaterally change the terms of a CMS demonstration project waiver.

The decision to extend HIP benefits while members roll onto federal plans could cost the state up to \$11 million, which will be paid from the Healthy Indiana Plan trust fund.

“We still urge these Hoosiers to take action now to enroll in a health plan that will cover them in 2014,” added Minott. “The federal marketplace will require an application and payment long before the end of April. Also, the plans available on the marketplace all have annual deductibles which will start in January. It will help Hoosiers in the long run if they begin paying on their annual marketplace plan deductibles sooner rather than later.”

FSSA is reaching out by mail to all the HIP members expected to transition off HIP letting them know about the temporary extension and transitioning to the federal marketplace, and is encouraging them to call the Healthy Indiana Plan at 1-877-GET-HIP9 for help.

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