

## Indiana to add all eligible Hoosiers on Healthy Indiana Plan waitlist to program for 2014

After reevaluation of existing list, all remaining eligible Hoosiers to be added to plan for 2014; approximately 17,000 openings will still remain

INDIANAPOLIS (January 10, 2014) – After a process to reevaluate the waitlist for the Healthy Indiana Plan (HIP), the Indiana Family and Social Services Administration (FSSA) is adding all those remaining and found eligible on the list to the plan for 2014. FSSA will still have room in the innovative health coverage program for around 17,000 additional low-income Hoosiers.

FSSA recently reached out to the more than 50,000 Hoosiers who had been on the program's waitlist to explain how the Healthy Indiana Plan will change for 2014 – most notably, that it will focus exclusively on Hoosiers whose incomes put them at or below the federal poverty level. Through a process that involved individual phone calls and two letters sent to each, FSSA instructed these Hoosiers to reapply by the end of November if they believed they were still eligible and if they were still interested in coverage under HIP. Less than 5,000 reapplied and of those, approximately 3,400 appear to meet the new eligibility standards and are being invited to enroll in the plan.

"We are delighted to be able to offer participation in the consumer-driven Healthy Indiana Plan to what will ultimately be approximately 20,000 more Hoosiers in 2014," said FSSA Secretary Debra Minott. "Those who have been waiting for coverage and are still eligible will be added first, and then we expect an influx of additional Hoosiers seeking coverage in the new year."

Those who did not reapply may now be covered under new marketplace subsidized federal policies, or they may have obtained other health coverage since they first applied, such as through a workplace or a different Medicaid category (such as disability).

FSSA anticipates interest in the Healthy Indiana Plan to continue to drive enrollment toward its new estimated capacity of around 45,000. This is determined by funding available for the program from the state tobacco tax.

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