



"People  
helping people  
help  
themselves"

Michael R Pence, Governor  
State of Indiana

**Indiana Family and Social Services Administration**  
402W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083

Debra F. Minott, Secretary

November 7, 2013

Director Cindy Mann  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD21244

Dear Director Mann,

As you may recall, the Special Terms and Conditions governing the Healthy Indiana Plan waiver modify the program's eligibility threshold from 200 percent federal poverty level (FPL) to 100 percent FPL, effective January 1, 2014. In light of the recent challenges people have faced in applying to and enrolling in the federal Marketplace, the State of Indiana seeks guidance on how to best transition these Healthy Indiana Plan members to Marketplace products.

When the Healthy Indiana Plan was approved for extension in September of this year, your agency and the State of Indiana agreed that members over 100 percent FPL, who are eligible for advance premium tax credits, would transition to the Marketplace so that more lower-income Hoosiers would have access to the program. In preparation, the State has informed Healthy Indiana Plan members of the upcoming program changes. However, these members have not yet been able to successfully enroll in Marketplace products to complete their transition.

As you know, Hoosiers currently face well-documented barriers to accessing the Marketplace. We now understand that the Marketplace is encouraging individuals to apply via paper applications. Your regulations indicate that the Marketplace must ensure coverage by January 1, 2014 if individuals apply by December 15, 2013. However, if individuals cannot successfully apply, or if their paper applications cannot be processed in a timely manner, they could be without coverage on January 1, 2014.

We also are concerned about your agency's recent request that the Family and Social Services Administration inform Healthy Indiana Plan members not to report their current Medicaid coverage on Marketplace applications. Though we understand that your current system was originally set up to automatically deny advance premium tax credits those covered under Medicaid, we cannot in good conscience advise Healthy Indiana Plan members to



knowingly falsify application information. This is a highly confusing aspect of the Marketplace application process that demands immediate correction.

We appreciate the scope and the number of issues CMS is currently facing. However, with only a short window of time for current Healthy Indiana Plan members to transition their coverage to the Marketplace plans, we must have assurances that your application and enrollment processes can accommodate these individuals. If that is not the case, then we respectfully ask that you work with us in a timely manner to develop a plan designed to successfully prevent any gaps in coverage for current Healthy Indiana Plan members.

Sincerely,



Debra Minott  
Secretary