

# Indiana Medicaid Hierarchy

As of May 5, 2025

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? <sup>1</sup>	HCBS Waiver Compatible ?
MASI <i>Non-MAGI</i>	Disabled members receiving SSI	N/A	N/A	-Retroactive month/s for new application  -Level of Care in Core and under 60 years of age  -Level of Care in Core for <b>**non</b> -PathWays (formerly Aged & Disabled) waiver and 60+ years of age  -Medicare recipient and under 60 years of age	Hoosier Care Connect, age 0-59  *Indiana PathWays for Aging, age 60+	Full	N/A	Y  <i>No financial budget applied</i>
MAX <i>Non-MAGI</i>	Newborns born to mother on Medicaid	< 1	N/A	-Retroactive month/s for new application  -Level of Care in Core	Hoosier Healthwise	Full	Exempt	N
MAY <i>MAGI<sup>2</sup></i>	Newborns not in MAX	< 1	≤ 208% FPL	-Retroactive month/s for new application  -Level of Care in Core	Hoosier Healthwise	Full	Exempt	Y  <i>Normal financial budget applied</i>
MAZ <i>MAGI<sup>2</sup></i>	Children	1 - 5	≤ 141% FPL	-Retroactive month/s for new application  -Level of Care in Core	Hoosier Healthwise	Full	Exempt	Y  <i>Normal financial budget applied</i>
MA2 <i>MAGI<sup>2</sup></i>	Children	6 - 18	≤ 106% FPL	-Retroactive month/s for new application  -Level of Care in Core	Hoosier Healthwise	Full	Exempt	Y  <i>Normal financial budget applied</i>
MAGF <i>MAGI<sup>2</sup></i>	Low-Income Parent/ Caretaker (LIPC), not eligible for HIP	N/A	≤ MAGI-Converted Need Standard <sup>3</sup>	-Level of Care in Core  -Medicare recipient  -Refugee in first 12 months in the U.S.	*Indiana PathWays for Aging only if LIPC aged 60+ with Level of Care in Core	Full	N/A	Y  <i>Normal financial budget applied</i>
MAMA <i>MAGI<sup>2</sup></i>	Pregnancy & Postpartum	19 - 64	≤ 133% FPL (initial)	-Retroactive month/s for new application	HIP Maternity	HIP State Plan	Exempt	N
MAGP	Pregnancy & Postpartum	N/A	≤ 208% FPL	-Retroactive month/s for new application	Hoosier Healthwise	Full	Exempt	N

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MAGI <sup>2</sup>			(initial)	-Level of Care in Core  -Medicare recipient  -Undocumented Immigrant	Maternity			
MA O MAGI <sup>2</sup>	Inpatient Psychiatric Facility	19- 20	≤ MAGI-Converted Need Standard <sup>3</sup>	Defaults to FFS	N/A	Full	Exempt	N
MA R Non-MAGI	RCAP Room & Board Assistance members	N/A	≤ 100% FPL	Defaults to FFS	N/A	Full	N/A	N
MA 9 MAGI <sup>2</sup>	Children  M-CHIP (Medicaid-funded)	< 1  1 – 18	≤ 208% FPL  ≤ 158% FPL	-Retroactive month/s for new application  -Level of Care in Core	Hoosier Healthwise	Full	Exempt	Y  Normal financial budget applied
MA Q Non-MAGI	Refugee Medical Assistance (RMA) 1 <sup>st</sup> 4 months in the U.S.	N/A	≤ MAGI-Converted Need Standard	Defaults to FFS	N/A	Full	Exempt	N
MANA <sup>4</sup> HIP Opt-Out MAGI <sup>2</sup>	Verified Native American	19 – 64	≤ 133% FPL	Defaults to FFS	N/A (not a HIP category)	Full	Exempt	N
MAPC Frail No-Pay MAGI <sup>2</sup>	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	N
MARB MAGI <sup>2</sup>	HIP Regular Basic	19 – 64	≤ 100% FPL	N/A	Healthy Indiana Plan	HIP ABP <sup>5</sup>	Yes, copays apply	N
MASB Frail or LIPC MAGI <sup>2</sup>	HIP State Plan Basic	19 – 64	≤ 100% FPL	N/A	Healthy Indiana Plan	HIP State Plan	Yes, copays apply	N
MARP MAGI <sup>2</sup>	HIP Regular Plus	19 – 64	≤ 133% FPL	N/A	Healthy Indiana Plan	HIP ABP + added benefits <sup>6</sup>	Yes, contributions apply	N
MASP Frail, LIPC, or TMA Adult MAGI <sup>2</sup>	HIP State Plan Plus	19 – 64 or older if LIPC	≤ 133% FPL <sup>7</sup>	N/A	Healthy Indiana Plan	HIP State Plan	Yes, contributions apply	N
MA 15	Former Foster	18 - 25	N/A	Defaults to FFS	Can opt into	Full	N/A	Y

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<i>Non-MAGI</i>	Children (any state)				Hoosier Care Connect			<i>No financial budget applied</i>
MA F <i>eligibility lost b/c of job income increase</i>  <i>MAGI<sup>2</sup></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	Y  <i>Normal financial budget applied</i>
MA A  <i>Non-MAGI</i>	Aged, <u>not</u> Long-Term Care (LTC <sup>8</sup> )	≥ 65	≤ 100% FPL	-Retroactive month/s for new application	*Indiana PathWays for Aging	Full	N/A	N/A  <i>See</i> <i>↪ MA A LTC</i>
MA A LTC  <i>Non-MAGI</i>	Aged, HCBS Waiver or Institution	≥ 65	300% Current Max SSI	-Retroactive month/s for new application  -Level of Care in Core for <b>**non-PathWays</b> (formerly Aged & Disabled) waiver	*Indiana PathWays for Aging	Full	Exempt (but subject to liability)	Y  <i>SIL<sup>9</sup> rules apply</i>
MA B  <i>Non-MAGI</i>	Blind, <u>not</u> LTC	N/A	≤ 100% FPL	-Retroactive month/s for new application  -Medicare recipient and under 60 years of age	Hoosier Care Connect, age 0-59  *Indiana PathWays for Aging, age 60+	Full	N/A	N/A  <i>See</i> <i>↪ MA B LTC</i>
MA B LTC  <i>Non-MAGI</i>	Blind, HCBS Waiver or Institution	N/A	300% Current Max SSI	-Defaults to FFS for individuals under 60 years of age  -Level of Care in Core for <b>**non-PathWays</b> (formerly Aged & Disabled) waiver and 60+ years of age	*Indiana PathWays for Aging, age 60+	Full	Exempt (but subject to liability)	Y  <i>SIL rules apply</i>
MA D <sup>10</sup>  <i>Non-MAGI</i>	Disabled, <u>not</u> LTC	< 65	≤ 100% FPL	-Retroactive month/s for new application  -Medicare recipient and under 60 years of age	Hoosier Care Connect, age 0-59  *Indiana PathWays for Aging, age 60+	Full	N/A	N/A  <i>See</i> <i>↪ MA D LTC</i>
MA D LTC  <i>Non-MAGI</i>	Disabled, HCBS Waiver or Institution	< 65	300% Current Max SSI	-Defaults to FFS for individuals under 60 years of age  -Level of Care in Core for <b>**non-PathWays</b> (formerly Aged & Disabled) waiver and 60+ years of age	*Indiana PathWays for Aging, age 60+	Full	Exempt (but subject to liability)	Y  <i>SIL rules apply</i>

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MADW <i>Non-MAGI</i>	MEDWorks  Working Disabled	16-64	≤ 350% FPL	-Retroactive month/s for new application (after first premium has been paid)  -Medicare recipient and under 60 years of age	Hoosier Care Connect, age 16-59  *Indiana PathWays for Aging, age 60+	Full	Yes, premiums apply if above 150% FPL	Y  <i>See next rows</i>
MADW LTC <i>Non-MAGI</i>	MEDWorks  Working Disabled, Institution	16-64	300% Current Max SSI	-Retroactive month/s for new application (after first premium has been paid)  -Defaults to FFS for individuals under 60 years of age	Hoosier Care Connect, age 16-59  *Indiana PathWays for Aging, age 60+	Full	Exempt (but subject to liability)	Y  <i>SIL rules apply</i>
MADW LTC <i>Non-MAGI</i>	MEDWorks  Working Disabled, HCBS Waiver	16-64	≤ 350% FPL	-Retroactive month/s for new application (after first premium has been paid)  -Defaults to FFS for individuals under 60 years of age	Hoosier Care Connect, age 16-59  *Indiana PathWays for Aging, age 60+	Full	Yes, premiums apply if above 150% FPL	Y  <i>Pays premiums rather than liability as long as stays MADW</i>
MADI <i>Non-MAGI</i>	Previous MADW, Medically Improved	16-64	≤ 350% FPL	Mirrors MADW – see above rows	Mirrors MADW – see above rows	Full	Mirrors MADW – see above rows	Mirrors MADW – see above rows
MA L <i>Non-MAGI</i>	QMB Qualified Medicare Beneficiary	N/A	≤ 150% FPL	Medicare Savings Program Only – may or may not have coverage in another category	N/A	Medicare Parts A & B premium, deductible, & co-insurance	N/A	N  <i>May receive in another full coverage category if dual-eligible</i>
MA J <i>Non-MAGI</i>	SLMB Special Low-Income Medicare Beneficiary	N/A	151% - 170% FPL	Medicare Savings Program Only – may or may not have coverage in another category	N/A	Medicare Part B Premiums	N/A	N  <i>May receive in another full coverage category if dual-eligible</i>
MA I <i>Non-MAGI</i>	QI 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  <i>Cannot be dual-eligible</i>
MA G <i>Non-</i>	QDW Qualified Disabled	N/A	≤ 200% FPL	Medicare Savings Program Only – cannot have coverage in any other category	N/A	Medicare Part A Premiums	N/A	N  <i>Cannot be dual-eligible</i>

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<i>MAGI</i>	Worker lost free Part A coverage due to employment							
MA10 <i>MAGI</i> <sup>2</sup>	Children S-CHIP (Separately funded)	≤ 18	≤ 250% FPL	-Retroactive month/s (after first premium has been paid)	Hoosier Healthwise	Comprehensive	Yes, premiums and copays apply.	N
MA E <i>MAGI</i> <sup>2</sup>	Family Planning Only	N/A	≤ 141% FPL	Defaults to FFS	N/A	Limited	Exempt	N
MA 4 <i>Non-MAGI</i>	IV-E Foster Children	≤ 18	N/A	Defaults to FFS	Can opt into Hoosier Care Connect	Full	Exempt	Y <i>No financial budget applied</i>
MA 8 <i>Non-MAGI</i>	Children in Adoption Assistance Program	≤ 18	N/A	Defaults to FFS	Can opt into Hoosier Care Connect	Full	N/A	Y <i>No financial budget applied</i>
MA 12 <i>Non-MAGI</i>	ISDH Breast and Cervical Cancer Program	18-64	≤ 200% FPL	Defaults to FFS	N/A	Full	Exempt	N

<b>ESO Coverage</b>  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); plus labor & delivery  Can temporarily expand to cover prenatal and postpartum services for Lawful Permanent Residents	Exempt from cost-sharing (cannot be MA10, MADW/I, or HIP Plus)  Not HCBS compatible
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### Notes on the Medicaid Hierarchy:

\*see IHCPPM 1624.00.00 for exceptions to Indiana PathWays for Aging placement for certain individuals who otherwise meet the age 60+ requirement

\*\*Non-PathWays waivers include Community Integration and Habilitation (CIH), Family Supports (FSW) and Traumatic Brain Injury (TBI). See IHCPPM 1634.00.00 for more information. The former Aged & Disabled waiver has been split into the PathWays waiver (age 60 or above) and the Health & Wellness waiver (age 0-59). All waivers except for PathWays default to fee-for-service coverage.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> Members with verified Native American/Alaskan Native status are exempted from cost-sharing in any category.

<sup>5</sup> 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.

<sup>6</sup> HIP Regular Plus coverage is the ABP, with some additional services such as vision, dental, and chiropractic.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> 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 in HIP if income and resources exceed the MA D standards or if they fail to comply with MA D eligibility determination, but HIP passes.