

Explanation of Baseline Report

OMB Control Number #####-####

Expiration date: ##/##/202#

BASELINE REPORT		
NAME OF STATE/TERRITORY: INDIANA		
SUBMISSION DATE: ##/##/202#		
UNWINDING PERIOD START DATE: ##/202# A		
APPLICATION PROCESSING	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between Xxx. 1, 202# and the end of the month prior to the state's unwinding period (1a + 1b)	##,###	
1a. Pending MAGI and other non-disability applications B	##,###	
1b. Pending disability-related applications C	###	
RENEWALS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
2. Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period	#,###,###	
STATE'S POLICY FOR COMPLETING RENEWALS	DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY	
3. State's timeline for the renewal process D	60 Days	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state's unwinding period	###	This number includes hearings that have been granted a continuance and hearings that are currently stayed awaiting the end of the continuous coverage rules

A UNWINDING PERIOD START DATE

The start of the unwinding period is when a state started reviewing the first group of members who are at risk of losing their coverage based on their response to their annual renewal. For Indiana, this is the group that is due for redetermination by April 30, 2023; the state began the process of their review in March 2023.

B PENDING MAGI AND OTHER NON-DISABILITY APPLICATIONS

MAGI stands for Modified Adjusted Gross Income and is based on the IRS' definition of adjusted gross income as reported on tax forms. MAGI Medicaid includes the Healthy Indiana Plan, for nondisabled adults and lower-income pregnant women age 19–64, and the Hoosier Healthwise program, for children up to age 19, including the Children's Health Insurance Plan; as well as pregnant women who do not qualify for HIP. The non-disability applications would include Medicaid for other groups, including those who are 65 or older and those receiving help to pay for Medicare costs through the Medicare Savings Programs. The time limit to process these applications is 45 days.

C PENDING DISABILITY-RELATED APPLICATIONS

Disability-related applications are for individuals applying for Medicaid on the basis of having a disability determination, including blindness. The time limit to process these applications is 90 days.

D STATE'S TIMELINE FOR THE RENEWAL PROCESS

The renewal process begins when the state reviews electronic data sources and determines if a member can be auto-renewed, where the state has recent and reliable information on the member and can renew their coverage with no action needed on the member's part, or if they need to complete and return a renewal mailer. If a mailer is required, it is sent out 45 days prior to the end of the renewal month with a 30-day deadline to return. The renewal period ends on the last day of the month in which the renewal is due.

Abbreviations and definitions

FFS	Fee-for-service, traditional Medicaid
Foster Care Independence	Joint DCS/OMPP category which covers individuals who were in foster care in another state up to their 22nd birthday
FPL	Federal Poverty Limit
HIP	Healthy Indiana Plan 2.0
Household	Members with relationship/status which requires their income/resources be aggregated to determine eligibility
LI 19-20	Low-income 19- to 20-year-old, lives with parent/caretaker and household income under ~19% FPL
LIPC	Low-income parent/caretaker, under ~19% FPL with minor children
MAGI	Modified Adjusted Gross Income
M-CHIP	Medicaid Children's Health Insurance Program
MEDWORKS	Coverage for disabled workers and previously disabled but now medically improved workers
PAC	POWER account contribution
QDW	Qualified disabled worker, program pays Medicare Part A premium
QI	Qualified individual, program pays Medicare Part B premium
QMB	Qualified Medicare beneficiary, program pays Medicare Parts A & B premium, deductible, and co-insurance
S-CHIP	Separate/standalone Children's Health Insurance Program, premiums required
SLMB	Specified low-income Medicare beneficiary, program pays Medicare Part B premium
TMA	Transitional medical assistance, for members who were LIPC for three of the past six months and now have an increase in income; may retain Medicaid at the same level for up to 12 months