What is Hoosier Healthwise?
Hoosier Healthwise is a special program within the state’s Medicaid Office that provides health and medical coverage to certain lower income families, children, and pregnant women in Indiana. The goals of the program are to provide health care to children and families and to help prevent health problems with early intervention and treatment. There are 3 main parts to Hoosier Healthwise:

1. Package A-the standard plan available to eligible adults and children. There are no premiums or co-payments for children. This program is typically for lower income families.

2. Package B-pregnancy coverage. Covers prenatal care, pregnancy complications, delivery, and 60 days of care after delivery. There are no premiums or co-payments in this plan.

3. Package C-Children’s Health Plan. For children under 19 in families that have too much income to qualify for the standard plan. There are some premiums and co-payments in this plan.

Note: There is also a special program for women who are under 65 and have breast or cervical cancer. They can be eligible for medical coverage if they do not have other health insurance and if their income is less than 200% of the federal income poverty level.

Am I eligible for Hoosier Healthwise?
To be eligible for one of the programs of Hoosier Healthwise, you must:

1. Be an Indiana resident; and

2. Live in a family that earns less than 200% of the Federal Poverty Guideline.

Call 1-800-889-9949 to get more information or to get an application.

Information is also available on-line at www.in.gov/fssa. Click on Hoosier Healthwise.

I am a working parent. Will my children be eligible for Hoosier Healthwise?
Possibly. The Children’s Health Plan is one of the programs under Hoosier Healthwise. It is designed to help more children receive health services, even if their families earn too much money for the traditional Medicaid programs.

Who is eligible for the Hoosier Healthwise Children’s Health Plan?
To be eligible for the Hoosier Healthwise Children’s Health Plan, you must:

1. Be under the age of 19;

2. Be an Indiana resident; and

3. Be a member of a family that has income between 150% and 200% of the federal income poverty level.

Eligibility is based on income levels, and the levels change yearly, so contact Hoosier Healthwise to find out if you are eligible based on your income. (The income limit for a family of 4 is $17,650 in the year 2002).

What is covered under this program?
Hoosier Healthwise is designed to help children get regular check-ups, childhood shots, screenings, diagnosis and treatment. It helps your family find a doctor who will know your child’s health history and keep records, so your child gets more consistent care.

How does it do that?
Hoosier Healthwise allows you to choose a personal doctor for your child, or a doctor for the whole family. This doctor will provide care for your child, and will be able to keep records of your child’s progress, providing better medical service to you and your child.

How do I find a doctor?
When you apply for Hoosier Healthwise, you will get a list of doctors in your area to choose from. If you don’t choose, a doctor will be assigned to you and your family. Once you choose a doctor, contact your Benefit Advocate to complete the application by contacting the office where you applied, or by calling 1-800-889-9949.

What if I don’t like the doctor I have chosen?
You can change your doctor after 12 months. You can change the doctor sooner than 12 months if there are special circumstances (such as if you have moved).

What kind of health and medical care is offered?
Hoosier Healthwise covers a wide range of services. Basic services that are covered include:

- Doctor care, including check-ups, immunizations, well-child care, and regular screenings for problems.
- Hospital care, inpatient and outpatient, emergency care for true emergencies, laboratory services, diagnostic services.
What if I disagree with a decision made by the program?

You can appeal if you are denied any of these services or if you disagree with a program decision. You will then have a hearing. There are time limits for appealing, so make sure you read the denial notice carefully to see how to appeal. You may also want to contact a private attorney or your local legal services for help.

Remember: If you are on Hoosier Healthwise and you change your address, let Hoosier Healthwise know so you don’t miss any important information.

Do I have to pay for medical services in the Hoosier Healthwise program?

There are fees for some services. If you are in the regular Medicaid program, you will not have to pay premiums or co-payments. If you are in the Children’s Health Program (for families that are between 150% and 200% of the federal income poverty level), you may have to pay premiums for the insurance and co-payments for some of the medical services. The monthly premium for two or more children could be from $16.50 to $24.75 per month depending on your income.

What if I am in the Children’s Health Program but I don’t pay the required premium?

If you are required to pay a premium, and you don’t pay the first premium, your application will be denied. If you miss a premium later, the health coverage will stop.

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Hoosier Healthwise

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This pamphlet is for information only. It is NOT legal advice. For legal advice, contact a private attorney or a lawyer at the nearest Legal Services Office.

Laws and Policies change. Please look at the last revised date to make sure the information is still current.

Information Available on the web
www.indianajustice.org