



Indiana
Department
of
Health

NAVIGATING THE MSP PROGRAM AND ELIGIBILITY

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10/07/2020

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



HIV Services Program Eligibility

All applicants and clients seeking services to be provided by Indiana HIV Services Program must be able to document the following:

1. Diagnosis of HIV
2. Meets Indiana residency requirements;
3. Total income equal to or less than 300% of the Federal Poverty Level (FPL); and,
4. Currently lacking comprehensive health care coverage (underinsured).
- 5. Medicaid and payor of last resort forms (Currently HIV Services Only and not for MSP Services)**

To apply for and be recertified in the Indiana HIV Services Program

1. All individuals must work with a RWHAP Part B HIV NMCM care site.
2. All clients being served by NMCM must be considered for eligibility in the HIV Services Program

Diagnosis of HIV

- Lab report that shows a detectable HIV viral load that documents client's full name and date of test;
- Lab report that shows positive confirmatory HIV testing that documents client's full name and date of test; and/or,
- Hospital Discharge Summary that documents a positive HIV diagnosis, client's full name, date of admission and discharge, medical provider name, and hospital/facility address.
- HIV Status Confirmatory Certification Form signed by a medical provider, if none of the above is available.

Indiana Residency

- Indiana Driver's License or State ID (must have a future expiration date);
- Utility Bill (electricity, water, or gas bill dates within 3 months of application);
- Copy of applicant's Indiana Full-Year Resident Income Tax Return for most recent tax year;
- Mortgage or lease/rental agreement;
- Immigrant Exception Statement attesting to the applicant's current Indiana residency and the applicant's intent to remain an Indiana resident for at least 90 consecutive days following the date of the statement. Attests that the applicant's legal residency status is an insurmountable obstacle to providing any of the other forms of residency documentation and signed by both the applicant and the NMCM;
- Proof of Residency form completed by NMCM attesting to no other documentation for residency.

Income

- Copy of W-2 form(s) or federal tax return for the most recent prior tax year; and a paystub showing earnings for the most recent 30 days of work;
- Copy of most recent 60 day pay stub showing year-to-date earnings and the employer's name and address;
- Copy of current Social Security benefits notification letter;
- Copy of current Workforce Development earnings statement showing at least four recent prior quarters.
- Letter from employer detailing pay frequency, hours worked, and hourly wage.
- Proof of Income form that attests that the client is self-employed.
- Proof of Income form that attests that the client is not employed.

IDOH Forms

- Medicaid verification form (New for MSP)
- Payor of last resort (New for MSP)
- Proof of income
- Proof of Residency
- Proof of HIV status

Determination of Eligibility

- HSP is expected by HRSA to determine initial eligibility, annual recertification, and six-month self-attestation (or self-report) on all enrolled clients to confirm continued eligibility. This eligibility assessment includes:
 - application review
 - verification of information
- To prevent delays in receiving medications, HRSA expects these processes to take place within 14 calendar days of receiving a new, complete application and that clients have time to recertify within their eligibility period.

Recertification

It is important that each client recertify every six months:

- The Non-medical Case Manager must recertify each client before the date listed as “your six-month recertification date” and “your annual recertification date” every year.
- This process helps us to make sure that all our participants are still eligible for the Medical Services Program.

Requirements during recertification:

Full-year application	Mid-year self-attestation
Income	Income if changed
Residency	Residency if changed
Medicaid verification	Medicaid verification

Non-Medical Case Management Program

Mission and Purpose

To assist those living with HIV/AIDS to reach their fullest potential and continuing the goal of viral suppression in Indiana.

Our program encourages the most cost-effective use of medical and community resources and promotes the overall well-being of the individual. By respecting cultural diversity, making emphasis on confidentiality, and striving to ensure the client's freedom is a choice as is self-determination.

“NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.” ([*HRSA Policy Clarification Notice 16-02*](#))

All clients being served by NMCM must be considered for eligibility in the HIV Services Program.

Medical Services

- AIDS Drug Assistance Program & Early Intervention Program (ADAP/EIP)
- Medicare Part D Assistance Plan (MDAP)
- Health Insurance Assistance Plan (HAIP)
- Healthy Indiana Plan Basic (HIP Basic)
- Healthy Indiana Plan Plus (HIP Plus)

- Dental Insurance

- HIV Services Program (HSP)

ADAP/EIP

The **AIDS Drug Assistance Program (ADAP)** is for medications only; this is not health insurance. This benefit provides a limited array of FDA-approved medications for the treatment of HIV and related conditions. It pays 100% for only the prescription medications listed on the formulary of *ADAP Covered Pharmaceuticals*. Clients can get medications from any pharmacy of their choice.

In addition, the **Early Intervention Program (EIP)** will pay 100% for a limited number of physician visits and other HIV-related out-patient services free-of-charge. If you are hospitalized, EIP will not cover the in-patient costs. Your EIP benefits will remain in effect until your insurance coverage becomes effective.

Medicare Part D Assistance Plan (MDAP)

This benefit is offered to persons age 65 and older or with a qualifying disability. MSP pays for the client's deductible and co-payments for charges allowed by the approved Medicare Part D plan. The enrollee should not have any out-of-pocket expense for covered services other than the premium amount itself.

Health Insurance Assistance Plan (HIAP)

This benefit coordinates health coverage for clients that are eligible for a comprehensive insurance plan through the Marketplace. MSP pays 100% of the client's premium, deductible, co-insurance, and/or co-payment. Clients can get medications from any pharmacy included in their insurance plans network.

Healthy Indiana Plan Basic (HIP Basic)

HIP Basic is part of Indiana's Medicaid health coverage program for non-disabled people living in Indiana ages 19-64. HIP Basic provides benefits including medical and pharmacy. MSP pays 100% of the client's deductibles and co-payments for medications on the Medicaid formulary. Payment for any non-formulary medication is the client's responsibility.

Healthy Indiana Plan Plus (HIP Plus)

HIP Plus is part of Indiana's Medicaid health coverage program for non-disabled people living in Indiana ages 19-64. HIP Plus provides comprehensive benefits include medical, pharmacy, vision, dental, and chiropractic services.

The client pays the first month (or any previous balance) POWER Account contribution in full, after which MSP pays 100% of the client's POWER Account contribution to ensure the client's coverage stays active.

Dental Insurance (Delta Dental)

This benefit is provided to individuals on ADAP/EIP, HIAP, HIP Basic, and MDAP. Clients living in the TGA also have access to dental services through IU School of Dentistry. Clients can access many dental services (excluding orthodontics), up to \$2,000 per year.

Questions & Comments

