

From: Cheryl Tarver
TO: JRyan1, CAusteincasnoff, TKlitenic, MSvolos, JWitl...
Date: 12/7/99 5:54pm
Subject: Indiana CHIP Amendment Phase II

Hi Everyone, the State made a minor revision to their application. The change is for the better. The language for items 6 and 8 of "Rights and Responsibilities" is still the same (as I sent out in the previous email), however a reference to these items was added on the actual application form. This reference improves the likelihood that items 6 and 8 will be read by beneficiaries. Thanks.

CC: CShirk

HOOSIER HEALTHWISE

for Children & Pregnant Women

1. Tell us about the members of your family living in your household Put your name first, and list only children, spouses, and parents. **Place a ✓ in the last column if that person is applying for health coverage.**

Name (First, MI, Last)	Date of Birth	Social Security Number <small>See #6 on 2nd page</small>	Marital Status	Race	Sex	Relationship to You	Citizen of U.S. Yes / No / ? <small>See #8 on 2nd</small>	✓ if applyin

Home address	City	State	Zip code	County	Telephone
Mailing address, if different	City	State	Zip code	County	Other contact number

Name of expecting mother	Date Pregnancy Began	Due Date	Number of unborn babies

6. Are any of the applicants blind or disabled? Yes No (Enter a ✓ for blind or disabled.)

Name of applicant	Blind	Disabled	Name and Address of the doctor

7. Are any applicants covered by health insurance now? Yes No If yes, who? _____

8. Did any applicants who do not have health insurance lose their coverage in the past 3 months? Yes No

If yes, who: _____ When did coverage end? _____

Please tell us why coverage was lost by putting a ✓ beside the reason(s).

- Loss of employment
 Coverage limit reached
 Non-custodial parent dropped insurance
 Could not afford
 Company ended coverage
 Other Specify: _____

Completed by Enrollment Center: _____	Date of application: _____	Center's Code: _____	Interviewer: _____
Completed by DFC: _____	Date received: _____	Case Number: _____	

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IMPORTANT INFORMATION ABOUT HOOSIER HEALTHWISE

I. The Benefits of Hoosier Healthwise and How your Eligibility will be Determined

There are **4** Benefit Packages as explained below. We will determine your eligibility for the most benefits possible based on your situation and family income. If you are applying for Hoosier Healthwise for your children, we will ask you to agree to pay the premiums and co-payment amounts that are required for Package C. If you do not agree to do this, we will still check eligibility for the premium-free plans.

◆ Package A – Standard Plan

Provides comprehensive health care coverage to eligible adults and children. There are no premiums.

◆ Package B – Pregnancy Coverage

Provides coverage for pre-natal care, treatment of conditions that may complicate the pregnancy, delivery, and 60 days of after-pregnancy care. There are no premiums.

◆ Package C – Children’s Health Plan

Provides comprehensive health care coverage for children under age 19. There is a premium based on family income and the number of children covered. If one child is covered, the premium will be at least \$11.00, but not more than \$16.50 per month. If two or more children are covered, the premium will be at least \$16.50 but not more than \$24.75 per month. Premiums can be paid quarterly at a 5% savings or annually at a 10% savings. When children are approved for the Children’s Health Plan, we send a notice that tells the amount of the premium. When you receive your first bill, you decide how often you want to pay the premium.

◆ Package E – Emergency Services Only

Provides coverage for treatment of serious medical emergencies. This plan is for certain immigrants, such as those who are in the United States without lawful papers from the Immigration and Naturalization Service.

11. Your Rights and Responsibilities as a Hoosier Healthwise Applicant and Member

1. Eligibility for benefits is considered without any regard to race, color, creed, sex, age, disability, national origin, or political belief. We ask about your racial-ethnic heritage to comply with the Federal Civil Rights Law, however you are not required to provide this information.
2. Certain information given on your application, such as your income, must be verified. If you cannot get the necessary papers, you will need to sign a release form so that we can get them for you.
3. You must provide accurate information. A person who gives false information or misrepresents the truth is committing a crime and can be prosecuted under federal law or state law, or both. The value of

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FOR CHILDREN AND PREGNANT WOMEN

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benefits received by a person who was not entitled to receive them must be repaid to the Hoosier Healthwise program.

4. Information you give is kept confidential under state and federal law.
5. If you move, please tell us your new address so that important mail about your application and membership will reach you without delay. Also, tell us if you become covered under other health insurance. Your interviewer will tell you more about reporting changes to the information you give on your application.
6. A Social Security Number must be given for each applicant. An applicant who does not have a number must apply for one. Exception: This requirement does not apply to applicants who qualify for health coverage under Benefit Package C. The number(s) you provide will be used to check information kept by the Social Security Administration, the Internal Revenue Service, Workforce Development, and other state and federal agencies. This is required by Section 1137 of the Social Security Act. We ask for the Social Security Numbers of family members, however, it is not required that you provide them.
7. We will send you a notice telling you the decision on your application. You may request a fair hearing if you disagree with any decision about your eligibility, or if your application is not processed within 45 days.
8. The immigration status of non-citizens who are applying for health coverage is subject to verification by the Immigration and Naturalization Service (INS). However, the Hoosier Healthwise Program does not report undocumented immigrants to the INS.
9. Please *carefully* read the following about assignment of medical rights and establishment of paternity. *Ask your interviewer if you have any questions.*

An important service that is available to members under Package A and B is that paternity can be established (if **applicable**) for eligible children at no cost. This free service is not available for children who are found eligible for Package C. We will ask for information about the non-custodial parent and forward it to the Child Support Office of your County Prosecutor. They will contact you about the steps that will take place. If you believe that cooperating in having paternity established will cause physical or emotional harm to the children, you may ask to be excused from this requirement.

As a condition of eligibility for Package A, B, and E, applicants age 18 and over are required to assign the rights to medical support and payment for medical care which they have on behalf of themselves and any other person under this application whose rights they can legally assign. Cooperation in obtaining medical support or third party payments is required, and you must tell us about any legal or administrative actions you may take to obtain payment for medical care received, such as a personal injury settlement.

Your children's eligibility for Hoosier Healthwise will not be affected if you do not cooperate in establishing paternity or do not sign the medical assignment on the application.

10. FOR MEMBERS ENTITLED UNDER PACKAGE C, there is cap on the amount of cost-sharing that you will have to pay. This amount is 5% of your annual income before taxes. It is your responsibility to

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keep track of the amount of premiums and co-payments you pay. If you reach the cap, you will need to contact the Office of Family and Children and provide your receipts so that you will no longer have to make payments.