



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: IN - 15 - 0014

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Populations ABPI

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

**Targeting Criteria** (select all that apply):

- Income Standard.
- Disease/Condition/Diagnosis/Disorder.
- Other.

Other Targeting Criteria (Describe):

To be HIP Link eligible an individual must: (1) be eligible for and/or enrolled in the Healthy Indiana Plan, (2) be eligible to enroll in HIP Link qualifying employer sponsored insurance (ESI) plan, and (3) elect to enroll in such ESI through HIP Link.

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

To enroll in HIP Link an individual must have access to qualifying ESI and elect to enroll in that ESI through HIP Link. Not all individuals eligible for and/or enrolled in HIP will be eligible for the HIP Link ABP since they may not have access to or be eligible to enroll in qualifying ESI or they may not elect to enroll in ESI through HIP Link. Individuals not eligible for HIP Link due to lacking access to affordable employer sponsored insurance, or who are eligible but who choose not to enroll in HIP Link will be enrolled in either the HIP Basic or HIP Plus ABPs or the ABP that is the State Plan as applicable to the individual.

Individuals who enroll in HIP Link and are pregnant at their annual redetermination may elect to remain in the HIP Link ABP or transfer to Medicaid for pregnant women. Individuals age 19 and 20 will have access to EPSDT services outside of the scope of their HIP Link qualifying ESI.



# Alternative Benefit Plan

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415