

Indiana Strategies to **Medicaid Services and Immigrant Coverage**

Medicaid Administration

States design their Medicaid programs using different administrative structures and oversight mechanisms. Approaches may include the use of managed care, medical loss ratio requirements, site-neutral payment policies, vendor partnerships for enrollment, and coordination with Medicare. This section assesses how states administer Medicaid to balance efficiency, oversight, and consumer protections. Strategies examined in this section include:

- States Utilize Medicaid Managed Care

- States Partner with Vendors for Medicaid Enrollment and/or Eligibility

- Medicaid-Medicare Integration

Medicaid Covered-Services

State Medicaid programs vary in the range of services they cover beyond federal minimum requirements. Some states have expanded coverage to include fertility treatments, doula services, abortion care, gender-affirming services, hearing aids, vision care, and dental services. This section reviews the extent to which states provide enhanced benefits to improve access and health outcomes. Strategies examined in this section include:

- Medicaid Coverage for Fertility Services

- Medicaid Coverage for Doula Services

- Medicaid Coverage for Abortion Care

- Medicaid Coverage for Gender Affirming Care

- Medicaid Coverage for Hearing Aids

- Medicaid Coverage for Eye Exams and Glasses

- Medicaid Coverage for Dental Services



Medicaid Eligibility

Eligibility rules determine who can access Medicaid coverage and the scope of their benefits. States can expand eligibility through Medicaid expansion, extend postpartum coverage, provide continuous eligibility, and adjust asset and income rules for specific populations. Some states also provide coverage to individuals reentering the community after incarceration. This section examines how states structure Medicaid eligibility to promote access and continuity of care. Strategies examined in this section include:

- Medicaid Expansion

- Retroactive Medicaid

- Continuous Eligibility for Adults Enrolled in Medicaid

- 12-Month Postpartum Coverage

- Medicaid Coverage for Re-Entry Populations

- Expanded Asset Limits for Adults Enrolled in a Medicaid Aged, Blind, or Disabled Program

- Life Insurance Exemptions for Eligibility in Medicaid for Aged, Blind and Disabled Program

- Retirement Account Exemptions for Eligibility in Medicaid for Aged, Blind and Disabled Program

Immigrant Coverage

States may extend coverage to immigrants who are otherwise excluded from federal programs, such as undocumented children or adults. Additional policies include state-funded options for prenatal, postpartum, or child health coverage, as well as coverage for lawfully present immigrants without a five-year waiting period. This section evaluates state actions to close coverage gaps for immigrant populations. Strategies examined in this section include:

- Coverage Options for Pregnant Immigrants (FCEP and Postpartum Coverage)

- Coverage for Immigrant Children without a Five-Year Bar

- State-Funded Coverage Options for Undocumented Children

- State-Funded Coverage Options for Undocumented Adults



Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	 State partners with MCOs to operate their Medicaid program	Indiana’s MCOs generally cover adults 19-64 that meet income eligibility requirements, are not eligible for Medicare, and are not eligible for other Medicaid categories (Healthy Indiana Plan), Children up to 19 and pregnant individuals (Hoosier Healthwise Plan), and individuals under 59, blind, or disabled and not eligible for Medicare (Hoosier Care connect).
Medicaid Vendor — Eligibility and Enrollment	 State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	 State integrates Medicare-Medicaid to coordinate care for the dually eligible population	Indiana has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 The state Medicaid program does not reimburse doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program does not explicitly cover transition-related care for adults	State Medicaid has no explicit and/or clear policy regarding transition-related healthcare for adults.
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams are covered every two years and one pair of eyeglasses is covered every five years.
Medicaid Coverage for Dental Services	 State Medicaid program covers some dental services for adults (see notes)	Indiana Medicaid does not offer coverage for root canals.



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Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	Indiana's HIP Medicaid expansion program includes tiers, with premiums for those earnings more Indiana has an optional trigger law in place that allows termination of the HIP expansion program if the enhanced federal matching rate drops.
Retroactive Medicaid	 State retroactively extends Medicaid benefits less than 90 days prior to application date or only for select enrollees (see note)	Indiana limits three-month retroactive Medicaid coverage eligibility to pregnant residents, SSI recipients, disabled children, and refugees. The state did not extend retroactive Medicaid coverage to Health Indiana Plan applicants, however
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid ABD Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid ABD Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid ABD Retirement Account Exemptions	 State does not exempt retirement savings from Medicaid eligibility determinations	



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Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State does not offer coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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