

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2020116 NOVEMBER 5, 2020

IHCP clarifies *HIP Maternity* benefits

The Indiana Health Coverage Programs (IHCP) is clarifying coverage for the Healthy Indiana Plan (HIP) maternity benefits. When HIP members become pregnant, they must promptly report their pregnancy. After pregnant members are identified, they will become *HIP Maternity* members. The member will continue to have a Personal Wellness and Responsibility (POWER) Account, but will not be required to make payments or copayments for the duration of the pregnancy and 60 days postpartum.



HIP Maternity offers access to all benefits under the HIP State Plan, with POWER Account responsibilities. *HIP Maternity* members receive full comprehensive health coverage, including but not limited to prenatal services; vision, dental, medical, and chiropractic coverage; nonemergency transportation; behavioral health services; substance use disorder (SUD) services; and access to additional smoking cessation services designed specifically for pregnant members.

At the end of a *HIP Maternity* member's pregnancy, additional pregnancy benefits will continue for another 60-day, postpartum period. During this period, there will still be no copayments or POWER Account contributions required for the member.

After the 60-day period, members will transfer to *HIP Basic*. To switch to *HIP Plus*, the member will need to make a POWER Account contribution within 60 days of receiving *HIP Basic* benefits. Members with income over the federal poverty level who do not pay for *HIP Plus* will lose eligibility for *HIP Basic* after 60 days.

Table 1 lists the benefits that come with *HIP Maternity* as well as the amount, duration, and scope of the coverage. For each benefit, a reference number is listed for the *Social Security Act* section of the rule under which these services are protected. *Indiana Administrative Code 405 IAC 10-4-6* provides requirements under *HIP Maternity* as described in this bulletin.

Table 1 – *HIP Maternity* Benefits

HIP Maternity (MAMA)		
Essential Health Benefits (EHB) Category: Ambulatory Patient Services		
Benefit	Description of Amount, Duration, and Scope ¹	Reference
Primary Care Physician Services ²	Covered	1931
Specialty Physician Visits	Covered	1931
Home Health Services	Covered	1931
Chiropractic Care	Covered; 50 units per year	1931

¹ "Covered" indicates that the service is covered under *HIP Maternity*.

² Includes physician assistants and advanced practice registered nurses (APRNs).

Table 1 – HIP Maternity Benefits (Continued)

HIP Maternity (MAMA)		
Essential Health Benefits (EHB) Category: Ambulatory Patient Services (Continued)		
Benefit	Description of Amount, Duration, and Scope ¹	Reference
Outpatient Surgery	Covered	1931
TMJ	Covered	1931
Allergy Testing	Covered	1931
Chemotherapy	Covered	1931
IV Infusion Services	Covered	1931
Radiation Therapy	Covered	1931
Dialysis	Covered	1931
Dental Services	Covered	1931
Vision Services	Covered	1931
EHB Category: Hospitalization		
General Inpatient Hospital Care	Covered	1931
Inpatient Physician Services	Covered	1931
Inpatient Surgical Services	Covered	1931
Non-Cosmetic Reconstructive Surgery	Covered	1931
Transplants	Covered	1931
Congenital Abnormalities Correction	Covered	1931
Anesthesia	Covered	1931
Hospice Care	Covered	1931
Skilled Nursing Facility	Covered	1931
EHB Category: Mental Health and Substance Abuse		
Mental/Behavioral Health Inpatient Treatment	Covered	1931
Mental/Behavioral Health Outpatient Treatment	Covered	1931
Substance Abuse Inpatient Treatment	Covered	1931
Substance Abuse Outpatient Treatment	Covered	1931
EHB Category: Prescription Drugs		
Prescription Drugs	Covered	1931
Tobacco Cessation Drugs	Covered	1931

¹ “Covered” indicates that the service is covered under *HIP Maternity*.

Table 1 – HIP Maternity Benefits (Continued)

HIP Maternity (MAMA)		
EHB Category: Rehabilitative and Habilitative Services and Devices		
Benefit	Description of Amount, Duration, and Scope ¹	Reference
Physical Therapy, Occupational Therapy, Speech Therapy ³	Covered; 12 visits every 30 days without prior authorization	1931
Durable Medical Equipment	Covered	1931
Prosthetics	Covered	1931
EHB Category: Preventive Care		
Preventive Care Services	Covered	1931
Other Benefits		
Nonemergency Transportation	Covered	1931
EPSDT for Ages 19 & 20 Only	Covered	1396d(r)
Bariatric Surgery	Covered	1931
Long-Term Care	Covered	1931
Medicaid Rehabilitation Option	Covered	1931
Hearing Aids	Covered	1931
Obstetric Care	Covered	1905(a)
Smoking Cessation 12-week	Covered	1937

¹ "Covered" indicates that the service is covered under *HIP Maternity*.

³ Chiropractors are included in approved providers for physical and occupational therapy services.

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