Indiana

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare

In Indiana, 996,700 residents are enrolled in Medicare, 15% of the state’s population (2022 data). Of those, 49% are enrolled in a Medicare Advantage plan. For Indianans or Hoosiers in the traditional Medicare program, the Indiana Department of Insurance regulates Medicare supplemental plans and operates a State Health Insurance Assistance Program (SHIP) to provide free counseling services to Medicare beneficiaries. Information about insurers authorized to sell Medicare supplemental policies is available [here](#) and a tool to help shoppers compare plans and premiums is available [here](#).

Medicaid and the Children’s Health Insurance Program (CHIP)

In Indiana, 1.36 million people are enrolled in Medicaid or CHIP, 20.5% of the population (2022 data). Indiana has chosen to adopt the Affordable Care Act’s expansion of Medicaid, and this has extended coverage to 572,000 low-income adults.

In Indiana, Medicaid benefits are provided both directly by the state (Medicaid Fee-For-Service or FFS) and via private managed care entities (MCEs). These insurers have contracts with the
Indiana Family & Social Services Administration (FSSA). About 84% of Medicaid beneficiaries are enrolled in the managed care program.

The state’s program covers childless adults under 65 up to 138% of the federal poverty level (FPL) and pregnant women up to 213% of FPL.

In Indiana, low-income children are covered both through Medicaid and through a separate CHIP program. Through Medicaid, Indiana covers children of ages 0 to 1 in households with income up to 213% FPL, and children of ages 1 to 18 in households with income up to 163% FPL. Through CHIP, Indiana expands coverage to children in households with income up to 255% FPL. Approximately 40% of all births in Indiana are covered by Medicaid.

Employer-sponsored insurance
In Indiana, 3.46 million people are covered by employer-sponsored insurance (ESI), or 52.1% of the total state population (2021 data). Approximately 54.1% of Indiana employers offer ESI. However, offer rates vary significantly by size of firm. In Indiana, 97% of large firms (50 or more employees) offer ESI, while only 35.7% of small employers offer ESI.

In Indiana, approximately 40.9% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 61.2% self-fund at least one health plan.

Individual Market Insurance
Approximately 4.8% of Hoosiers are enrolled in the individual market (2022 data). Of those, in 2023, 185,354 Hoosiers selected a plan through the Affordable Care Act (ACA) Marketplace, which in Indiana is run by the federal government. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated under state law. Indiana enforces the Affordable Care Act’s consumer protections through the Indiana Department of Insurance (IDOI).

Other Coverage
Some Hoosiers are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 0.8%, or 53,400 Hoosiers.

The Uninsured
Approximately 6.8%, or 452,000 Hoosiers are uninsured (2022 data). Indiana’s uninsured rate falls below the national average of 8.0% uninsured. Among the non-elderly, people of color are significantly more likely to be uninsured in Indiana than White people. Hispanic people have the highest uninsured rate (14.8%), followed by Black (9.2%) and Asian Americans (8.3%). White residents have the lowest uninsured rate (7.3%) among all racial groups. Lack of insurance is also highly correlated with income. Approximately 10.8% of non-elderly people under 100% FPL are the uninsured in Indiana, while just 4% of non-elderly people over 400% FPL are uninsured.
State Regulators: Indiana

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Indiana is based in Chicago. Contact information is available here.

Indiana Department of Insurance (DOI)

The Indiana Department of Insurance (DOI) regulates the business of insurance in the state of Illinois. For health insurance companies, DOI is responsible for:

- **Licensure**: All insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with DOI on a periodic basis. The state provides a lookup tool for state-licensed insurers.

- **Form review**: DOI reviews health insurers’ contracts and covered benefits to ensure that they comport with state law, including state benefit mandates and network adequacy standards. DOI also enforces consumer protections under the ACA, mental health parity, and other federal laws.

- **Rate review**: DOI collects data from health insurers about their projected premium increases. They have the authority to review rate changes prior to sale. Annual rate filings are available here.

- **Marketing**: DOI is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses and provides oversight over insurance agents and brokers.

- **Enforcement**: DOI has authority to enforce state and federal insurance laws. Their enforcement tools can range from requesting a corrective action, issuing a cease and desist order, imposing fines, or seeking an injunction. Consumers can file a complaint with DOI here. DOI conducts market conduct examinations and financial examinations of insurance companies, and publishes the results in reports. The DOI Consumer Services Department informs and protects consumers from illegal insurance practices.

- **Appeals**: Under the Affordable Care Act, insurers must provide enrollees with the right to an external, independent appeal. DOI requires health insurers in the state to use state-selected independent review organizations for external review and to file their appeals processes with DOI.

Indiana Family & Social Services Administration

Indiana Family & Social Services Administration (FSSA) runs the state’s Medicaid program. FSSA contracts with a number of managed care entities to provide care to 83.7% of the state’s Medicaid recipients. FSSA provides monthly Medicaid enrollment reports here and a Medicaid policy manual here.

FSSA is responsible for overseeing the state’s managed care plans and conducting continuous quality improvement projects. FSSA requires managed care plans to submit monthly and quarterly reports on a variety of topics, including claims process, prior authorization requests,
provide networks, and member satisfaction. FSSA staff reviews these filings and publishes related reports here.

Indiana Attorney General
Indiana’s Attorney General represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. The department’s consumer protection division protects consumers from deceptive and predatory business practices. The department allows consumers to submit complaints here.

Other Sources of Information
Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)
Although Indiana’s health insurance Marketplace is run by the federal government, CMS provides grants to local organizations called “Navigators” that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. Indiana-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the “Find Local Help” search portal on HealthCare.gov.