



Indiana Health Coverage Programs Managed Care Capitation Rates
Calendar Year 2019
(Per member, per month)

Hoosier Healthwise CY 2019 Contract Period Before Adjustment for the 1.77% Withhold		
Rate Cell	Jan-Jul 2019	Aug-Dec 2019
Package AB		
Newborns	\$ 858.10	\$ 858.10
Preschool	132.93	132.93
Children	147.03	147.03
Adolescents/Adults	194.16	194.16
Pregnant Women	367.95	367.95
Package C		
Newborns	\$ 308.32	\$ 308.32
Preschool	159.12	159.12
Children	159.34	159.34
Adolescents	216.16	216.16
Maternity Case Rate	\$ 7,342.31	\$ 7,342.31

Hoosier Care Connect CY 2019 Contract Period Before Adjustment for the 1.85% Withhold		
Rate Cell	Jan-Jul 2019	Aug-Dec 2019
Adult	\$ 1,549.82	\$ 1,549.82
Child	789.81	789.81
Foster	384.62	384.62
Dual	599.01	599.01

Healthy Indiana Plan CY 2019 Contract Period Before Adjustment for the 2.05% Withhold		
Rate Category	Jan-Jul 2019	Aug-Dec 2019
State Plan Basic - Male		
19 - 24	\$ 175.85	\$ 175.85
25 - 34	200.97	200.97
35 - 44	291.52	291.52
45 - 54	564.07	564.07
55 - 64	564.07	564.07
State Plan Basic - Female		
19 - 24	\$ 152.31	\$ 152.31
25 - 34	243.75	243.75
35 - 44	357.57	357.57
45 - 54	493.66	493.66
55 - 64	493.66	493.66
State Plan Plus - Male		
19 - 24	\$ 281.68	\$ 281.68
25 - 34	326.52	326.52
35 - 44	507.50	507.50
45 - 54	804.81	804.81
55 - 64	804.81	804.81
State Plan Plus - Female		
19 - 24	\$ 228.31	\$ 228.31
25 - 34	413.05	413.05
35 - 44	656.53	656.53
45 - 54	826.40	826.40
55 - 64	826.40	826.40

Healthy Indiana Plan CY 2019 Contract Period Before Adjustment for the 2.05% Withhold		
Rate Category	Jan-Jul 2019	Aug-Dec 2019
HIP Basic - Male		
19 - 24	\$ 104.97	\$ 104.97
25 - 34	186.20	186.20
35 - 44	241.39	241.39
45 - 54	368.19	368.19
55 - 64	464.60	464.60
HIP Basic - Female		
19 - 24	\$ 111.25	\$ 111.25
25 - 34	154.61	154.61
35 - 44	211.78	211.78
45 - 54	328.57	328.57
55 - 64	382.30	382.30
HIP Plus - Male		
19 - 24	\$ 227.10	\$ 227.10
25 - 34	303.94	303.94
35 - 44	395.37	395.37
45 - 54	591.15	591.15
55 - 64	645.30	645.30
HIP Plus - Female		
19 - 24	\$ 197.01	\$ 197.01
25 - 34	271.88	271.88
35 - 44	385.44	385.44
45 - 54	569.37	569.37
55 - 64	587.39	587.39
Medically Frail		
Basic	\$ 884.31	\$ 884.31
Plus	1,461.53	1,461.53
Pregnant Females	\$ 592.72	\$ 592.72
Maternity Case Rate	\$ 8,760.15	\$ 8,760.15
Hospital Presumptive Eligibility	\$ 593.52	\$ 593.52

Notes
Rates are actuarially certified capitation rates prior to adjustment for MCE specific risk factors
Data sources: CY 2019 HCC Capitation Rate Amendment (dated 3/25/2019) CY 2019 HHW Capitation Rate Amendment (dated 3/25/2019) CY 2019 HIP Capitation Rate Amendment (dated 3/25/2019)