



Health Coverage State of Play in Indiana: *Issues, Updates, and What's Next*

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*...advocating health
coverage for all*



What's today's agenda?

ACA changes for 2015

Changes in QHPs, networks, and renewals

Penalties at tax time

What's happening in Indiana Medicaid

Enrollment at glance

Changes to eligibility categories

New programs

Presumptive Eligibility

Further shifts ahead with HIP 2.0

Presumptive Eligibility

Enrollment, renewals, and payment

Consumer assistance

What's next?



(but mostly)





ACA Implementation in a FFE



Eligibility determination and enrollment

Plan management

Management of payment processing

Consumer support

Insurance regulation:

licensure and solvency standards, deceptive practices, policy form, risk classification, rate review

Training and certification of in-person assisters



ACA Implementation: Indiana

Roses Are Red,
Violets Are Blue,
You Didn't Have
A Health Plan,
But Now You Do.

You Have Until March 31st
to Enroll in Coverage.



1/30/15: 193,567 enrollees

4 → 9 Qualified Health Plans

1,100 certified Indiana
Navigators (maybe)

4 federally-funded Navigator
grantees (~\$1.8M)

ACA Implementation: Indiana

2015

Improved consumer selection

Improved network adequacy (?)

Renewal might be more complicated

Individual mandate tax penalties kick in this year:

\$95 or 1% of income, 50% for kids under 18, cap of \$285 per family

Calculate penalties: <http://taxpolicycenter.org/taxfacts/acacalculator.cfm>

	ANTHEM 1-877-411-3396 anthem.com	ALL SAVERS 1-800-405-7174 myallsaunders.com	CARESOURCE 1-800-468-0184 courcesource.org	COORDINATED CARE 1-877-664-4613 coordinatedcare.org	IU HEALTH PLANS 1-855-413-2432 iuhealth.org/iufla	MIDWESTE MARKETPLACE 1-800-336-3204 midweste.org	PUPP 1-800-982-6257 pupp.com	SINO 1-800-449-2980 sinoco.org	TIME 1-800-645-8094 timeinc.com
AARMS	*	*	*	*	*	*	*	*	*
ADAMS	*	*	*	*	*	*	*	*	*
ALLEN	*	*	*	*	*	*	*	*	*
BURKHOLMEW	*	*	*	*	*	*	*	*	*
BENTON	*	*	*	*	*	*	*	*	*
BLACKFORD	*	*	*	*	*	*	*	*	*
BOONE	*	*	*	*	*	*	*	*	*
BROWN	*	*	*	*	*	*	*	*	*
CARRILL	*	*	*	*	*	*	*	*	*
CASE	*	*	*	*	*	*	*	*	*
CLARK	*	*	*	*	*	*	*	*	*
CLAY	*	*	*	*	*	*	*	*	*
CLINTON	*	*	*	*	*	*	*	*	*
CRAWFORD	*	*	*	*	*	*	*	*	*
DANVERS	*	*	*	*	*	*	*	*	*
DEARBORN	*	*	*	*	*	*	*	*	*
DETROIT	*	*	*	*	*	*	*	*	*
DEKALB	*	*	*	*	*	*	*	*	*
DELAWARE	*	*	*	*	*	*	*	*	*
EUBOIS	*	*	*	*	*	*	*	*	*
ELKHART	*	*	*	*	*	*	*	*	*
FAYETTE	*	*	*	*	*	*	*	*	*
FLYOD	*	*	*	*	*	*	*	*	*
FOUNTAIN	*	*	*	*	*	*	*	*	*
FRANKLIN	*	*	*	*	*	*	*	*	*
FULTON	*	*	*	*	*	*	*	*	*
GIBSON	*	*	*	*	*	*	*	*	*
GRANT	*	*	*	*	*	*	*	*	*
GREENE	*	*	*	*	*	*	*	*	*
HAMILTON	*	*	*	*	*	*	*	*	*
HANDCOCK	*	*	*	*	*	*	*	*	*
HARRISON	*	*	*	*	*	*	*	*	*
HENDERSON	*	*	*	*	*	*	*	*	*
HENRY	*	*	*	*	*	*	*	*	*
HENDRICKS	*	*	*	*	*	*	*	*	*
HUNTINGTON	*	*	*	*	*	*	*	*	*
JACKSON	*	*	*	*	*	*	*	*	*
JASPER	*	*	*	*	*	*	*	*	*
JAY	*	*	*	*	*	*	*	*	*
JEFFERSON	*	*	*	*	*	*	*	*	*
JENNINGS	*	*	*	*	*	*	*	*	*
JOBBOHN	*	*	*	*	*	*	*	*	*
JOHN	*	*	*	*	*	*	*	*	*
KOSCIUSKO	*	*	*	*	*	*	*	*	*
LAGRANGE	*	*	*	*	*	*	*	*	*
LABE	*	*	*	*	*	*	*	*	*
LAFORTE	*	*	*	*	*	*	*	*	*
LAWRENCE	*	*	*	*	*	*	*	*	*
MADISON	*	*	*	*	*	*	*	*	*
MARION	*	*	*	*	*	*	*	*	*
MARSHALL	*	*	*	*	*	*	*	*	*
MARTIN	*	*	*	*	*	*	*	*	*
MAAMI	*	*	*	*	*	*	*	*	*
MONROE	*	*	*	*	*	*	*	*	*
MONTGOMERY	*	*	*	*	*	*	*	*	*
MORRIS	*	*	*	*	*	*	*	*	*
NEWTON	*	*	*	*	*	*	*	*	*
NIOBLE	*	*	*	*	*	*	*	*	*
OCHO	*	*	*	*	*	*	*	*	*
ORANGE	*	*	*	*	*	*	*	*	*
OWEN	*	*	*	*	*	*	*	*	*
PARKE	*	*	*	*	*	*	*	*	*
PERRY	*	*	*	*	*	*	*	*	*
PINE	*	*	*	*	*	*	*	*	*
PORTER	*	*	*	*	*	*	*	*	*
POSEY	*	*	*	*	*	*	*	*	*
PULASKI	*	*	*	*	*	*	*	*	*
PUTNAM	*	*	*	*	*	*	*	*	*
RANDOLPH	*	*	*	*	*	*	*	*	*
REDFLE	*	*	*	*	*	*	*	*	*
RUSH	*	*	*	*	*	*	*	*	*
SCOTT	*	*	*	*	*	*	*	*	*
SHELBY	*	*	*	*	*	*	*	*	*
SPENCER	*	*	*	*	*	*	*	*	*
STARKE	*	*	*	*	*	*	*	*	*
STEELEN	*	*	*	*	*	*	*	*	*
ST. JOSEPH	*	*	*	*	*	*	*	*	*



Indiana Medicaid: *Enrollment*

Enrollment Trends

Indiana Medicaid coverage for December 2014 totaled 1,117,418

Typical holiday lull in enrollment expected to spike with HIP 2.0

Overall, we are seeing category-wide losses with the exception of MA9, children up to 158% FPL.

With HIP 2.0

... 4 new categories of assistance

... 2 existing HIP categories will drop off

... Expect HHW enrollment to continue to drop as HHW categories, including low income parent caretakers and Family Planning, move into HIP categories

INDIANA MEDICAID/CHIP/HIP ENROLLMENT

Enrollment Trend Highlights – December 2014

For the second straight month, total enrollment drops. Enrollment for December was 1,117,418, down significantly from 1,127,388 in November, down from 1,128,298 in October and down from 1,127,154 in September.

634 News and Trends:
Combined Medicaid for the aged, Blind, Disabled and Social Security Income (MAA, MAB, MAD, SI) enrollment increased 802 lives from November to December 2014. Combined, A,B,D,SI enrollment grew 1.8% from January to December 2014. SI enrollment is up slightly from 125,441 in November to 125,445 in December 2014. SI enrollment is partially responsible for HHW enrollment losses and FS gains.

APPROVED!
On January 27, 2015, Governor Pence announced CMS approval to use an updated version of the consumer-driven Healthy Indiana Plan known as HIP 2.0. HIP 2.0 replaces Medicaid and expands coverage for 350,000 Hoosiers between the ages of 19-64 less than 138% of the Federal Poverty Level. Applications can be submitted immediately and coverage will begin February 1, 2015. For more on the announcement and HIP 2.0 details, visit: <http://www.in.gov/fssa/hip/>

HHW News and Trends:
Hoosier Healthwise (HHW) enrollment loses more than 2,700 lives from November to December 2014. Additional shifts are imminent in the wake of HIP 2.0 transition due to HHW members moving to HIP 2.0 categories. Statewide, HHW experienced an enrollment growth rate of -1.5% from January to December 2014 and 40 out of 92 (43.5%) counties met or exceeded the statewide enrollment growth rate during the same reporting period.

TRENDS

Fee-for-Service Medicaid (FFS) – FFS Medicaid lost nearly 18,000 lives from November to December likely due to HIP 2.0 planning efforts and the annual holiday enrollment lull. Enrollment for December was 346,661, down from 364,482 in November, down from 359,926 in October and down from 361,130 in September.

Family Planning – Enrollment in the Family Planning program, which began in January 2013, continues to experience gains. Enrollment for December was 29,747, up from 29,204 in November, up from 27,607 in October and up from 26,384 in September. Those under 138% FPL currently enrolled in Family Planning will be automatically enrolled in HIP 2.0 effective 2/1/2015.

Pregnancy coverage – There was a decrease in pregnancy enrollment (MAM, MAN and GP) from 20,861 in October to 20,939 in November to 20,675 in December 2014. We are discontinuing PE reporting until we can confirm enrollment discrepancies with OMPP. MAGI Pregnancy (GP) includes pregnant women under 208% FPL and eventually all pregnant women in MAM, MAN and MAC categories will be accounted for under this category of assistance. Pregnant women will continue to receive the same pregnancy benefits whether they are enrolled in HHW or HIP 2.0.

Newborns - Newborn enrollment (MAX) decreased from 49,083 in October to 48,595 in November to 46,941 in December.



Indiana Medicaid:

Recent & upcoming changes

1634 transition (June 2014): Automatic enrollment for SSI (Supplemental Security Income) & Medicaid, elimination of spend-down program -- initial issues with families whose children received ABA therapies.

Hoosier Care Connect (April 2015): coordinated healthcare services to the approximately 84,000 aged, blind and disabled Medicaid enrollees.

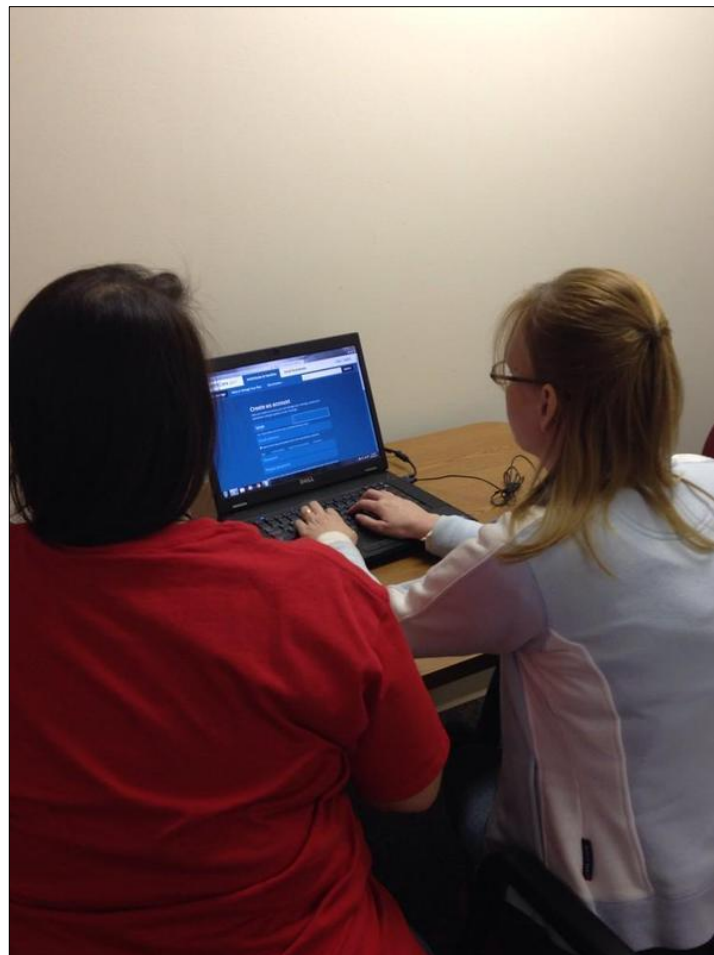




Indiana Medicaid: *Presumptive Eligibility*

Presumptive Eligibility for Pregnant Women (PEPW)

- 2009 implementation following significant stakeholder advocacy
- Significant data issues impact program evaluation and efficacy
- No accurate estimate on how many QPs are providing PEPW functions, or locations
- Some facilities/communities are using the program effectively
- CKF coalitions do over 2,000 PEPW apps per year.





Indiana Medicaid: *Presumptive Eligibility*

Hospital Presumptive Eligibility (HPE)

- New option under ACA; currently open to ACHs.
- Data issues continue
- **April 2014:** 28 hospitals with HPE QP activity. 1,231 HPE applications made; 1,084 approved for HPE. Of the approvals, 47% were approved for full Medicaid, 12% were denied and 41% were pending Medicaid.
- **June 2014:** 1,500 HPE applications had been submitted; no data on conversion to full Medicaid reported.
- **November 2014:** 81 HPE Qualified Providers; no data on their HPE activity. Most of the major systems are represented, although not all of them.
- CKF – IHA training collaboration

ELIG_HPE_PREGNANCY	1	
MEMORIAL HOSPITAL OF SOUTH BEND	63	10.50
ELIG_HPE_CARETAKER	21	
ELIG_HPE_CHILDREN	28	
ELIG_HPE_INFANT	3	
ELIG_HPE_PREGNANCY	11	
METHODIST HOSPITALS INC-NORTHLAKE	177	29.50
ELIG_HPE_CARETAKER	19	
ELIG_HPE_CHILDREN	3	
ELIG_HPE_FAMILYPLAN	149	
ELIG_HPE_FOSTERKID	1	
ELIG_HPE_INFANT	1	
ELIG_HPE_PREGNANCY	4	
METHODIST HOSPITALS INC-SOUTHLAKE	72	12.00
ELIG_HPE_CARETAKER	11	
ELIG_HPE_FAMILYPLAN	60	
ELIG_HPE_FOSTERKID	1	
REID HOSPITAL AND HEALTH CARE SERVICES	1	0.17
ELIG_HPE_PREGNANCY	1	
SCOTT MEMORIAL HOSPITAL	20	3.33
ELIG_HPE_CARETAKER	2	
ELIG_HPE_CHILDREN	5	
ELIG_HPE_FAMILYPLAN	6	
ELIG_HPE_PREGNANCY	7	
ST CATHERINE HOSPITAL	36	6.00
ELIG_HPE_CARETAKER	9	
ELIG_HPE_CHILDREN	2	
ELIG_HPE_FAMILYPLAN	14	
ELIG_HPE_PREGNANCY	11	
ST MARY MEDICAL CENTER	62	10.33
ELIG_HPE_CARETAKER	18	
ELIG_HPE_CHILDREN	34	
ELIG_HPE_FAMILYPLAN	7	
ELIG_HPE_PREGNANCY	3	
ST MARYS MEDICAL CENTER OF EVANSVILLE	8	1.33
ELIG_HPE_CARETAKER	1	

HIP 2.0: A tug-of-war among multiple views & interests



Result?

A compromise product





Key Provisions of HIP 2.0

- Able-bodied adults ages 19-64 up to 138% FPL
- 3 pathways to coverage
- **Salient differences** between 2.0 and traditional Medicaid: cost-sharing, no retroactive coverage, no NEMT, graduated ED copays

Let's look at some of the elements of HIP 2.0 that are germane to us:





Key provisions of HIP 2.0:

Presumptive Eligibility

- Expansion of Qualified Providers to **CMHCs, FQHCs, RHCs, & Health Departments**.
- Applicant **must select MCE** at point of PE designation
- Applicant **must complete full IHCP application**
- Qualified individuals will go into **HIP Basic**
- Once approved, **PE will end** the first day of the month in which payment was made. PE will end after 60 days of non-payment for those above 100%. For those below 100%, s/he will move to HIP Basic the first day of the month in which the 60 day payment period expired.
- 90% of potentially qualifying entities **trained and participating** by September 1.

IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201505 JANUARY 30, 2015

IHCP adds new category for Hospital Presumptive Eligibility

Effective February 15, 2015, the Indiana Health Coverage Programs (IHCP) is adding a new aid category for those found eligible under the Hospital Presumptive Eligibility (HPE) process, to include the individuals presumptively eligible for the new Healthy Indiana Plan (HIP) program described in IHCP Provider Bulletin [BT201503](#). The new aid

What should we be thinking about?

How do we ensure a effective
PE system?

Payment issues

Enrollment and renewals

Consumer assistance bench



Payment Considerations

What are low-barrier strategies to help consumers make and maintain payments?

Fast Track option

Prepayment

Third-party payment



*Let's work together
on this*



Enrollment & Renewals



How do we avoid the 'shoebox full of papers' scenario?

Fast track/administrative enrollment

Continuous Eligibility

Consumer Assistance

How do we make sure consumers get the assistance they need?

What's the in-person assistance availability?

Can the assistance infrastructure handle complex, multiply-eligible families?

What are the impacts of Navigator regulations?



What's next?

Many (many) moving parts

Significant follow-up information
requested by CMS

Other ACA-related changes

Future of CHIP funding

King v Burwell

...and more

Stay tuned....





Questions?

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