Health Coverage State of Play in Indiana: 

*Issues, Updates, and What’s Next*

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What’s CKF?

Grassroots outreach and enrollment into Hoosier Healthwise, CHIP, HIP, and ACA Marketplace plans

Statewide data analysis and public policy

...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

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
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: 
*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.
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.
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
HIP 2.0: A new coverage landscape

Majority of States Have Adopted Health Reform’s Medicaid Expansion

Source: CBPP analysis.
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 BT2015056. The new aid
What should we be thinking about?

How do we ensure an 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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