Program Update

October 26, 2017
HIP Waiver Extension

- Submitted extension request in January 2017

- State is in negotiations with CMS for waiver changes.
  - Waiver content is subject to approval.

- Proposed changes directed at administrative simplification, substance abuse treatment, and member incentives.
HIP Overview

❖ Who is Eligible?
  ❖ Indiana residents ages 19 to 64
  ❖ Income **under 138%** of the federal poverty level (**FPL**)  
  ❖ Who are not eligible for Medicare or otherwise eligible for Medicaid

❖ HIP Plus: Initial plan selection for all members  
**Benefits:** Comprehensive coverage with enhanced benefits, including vision, dental, bariatric, and broader pharmacy formulary.  
**Cost sharing:** Monthly POWER account contribution required. Contribution is 2% of income with a minimum of $1 per month. Copayments only for inappropriate ER use.

❖ HIP Basic: Only open to members below **100% FPL**  
**Benefits:** Minimum coverage, no vision or dental coverage  
**Cost sharing:** Must pay copayments for services. $4-$8 for prescriptions, $4 for doctor visits, $8-$25 for ER use, and $75 for hospital stays.

❖ HIP State Plan: Only open to members who are Medically Frail or LIPC  
**Benefits:** Mimic traditional Medicaid  
**Cost sharing:** Can be Plus or Basic depending on enrollment. Cost sharing mimics Plus or Basic.
### HIP Enrollment Summary

*As of August 23, 2017*

<table>
<thead>
<tr>
<th>FPL</th>
<th>Basic Total</th>
<th>Percentage</th>
<th>Plus Total</th>
<th>Percentage</th>
<th>HIP Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5%</td>
<td>74,516</td>
<td>40.3%</td>
<td>110,353</td>
<td>59.7%</td>
<td>184,869</td>
<td>46.2%</td>
</tr>
<tr>
<td>5-22%</td>
<td>4,986</td>
<td>36.4%</td>
<td>8,698</td>
<td>63.6%</td>
<td>13,684</td>
<td>3.4%</td>
</tr>
<tr>
<td>23-50%</td>
<td>13,314</td>
<td>37.7%</td>
<td>21,983</td>
<td>62.3%</td>
<td>35,297</td>
<td>8.8%</td>
</tr>
<tr>
<td>51-75%</td>
<td>17,550</td>
<td>36.9%</td>
<td>29,982</td>
<td>63.1%</td>
<td>47,532</td>
<td>11.9%</td>
</tr>
<tr>
<td>76-100%</td>
<td>17,960</td>
<td>33.8%</td>
<td>35,247</td>
<td>66.2%</td>
<td>53,207</td>
<td>13.3%</td>
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<tr>
<td>&lt;101%</td>
<td>128,326</td>
<td>38.4%</td>
<td>206,263</td>
<td>61.6%</td>
<td>334,589</td>
<td>83.6%</td>
</tr>
<tr>
<td>101-138%</td>
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<td>14.7%</td>
<td>52,305</td>
<td>85.3%</td>
<td>61,320</td>
<td>15.3%</td>
</tr>
<tr>
<td>&gt;138%**</td>
<td>1,807</td>
<td>39.8%</td>
<td>2,736</td>
<td>60.2%</td>
<td>4,543</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>138,148</strong></td>
<td><strong>34.7%</strong></td>
<td><strong>261,304</strong></td>
<td><strong>65.3%</strong></td>
<td><strong>400,452</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

*HIP Enrollment Summary as of August 23, 2017*
HIP Changes: Administrative Ease

- **Tiered POWER Account (PAC):** Move from 2% calculated PAC to a tiered approach based on income. PAC set at $1, $5, $10, $15 or $20.

- **MCE Selection Period:** Members select MCE each Nov 1-Dec 15 for the next calendar year. Benefits, limitations, and POWER Account align with calendar year.

- **HIP Maternity:** Serve all pregnant members who qualify for HIP in the HIP Maternity program and not transition to HHW.

- **Added benefit:** Chiropractic added to HIP Plus.

- **Redetermination:** Consistent with Indiana law and the original HIP program, HIP members may lose coverage for six months if they do not comply with redetermination process.

- **End of HIP Employer Link Program**
Substance Abuse Treatment

- Fill treatment gaps by adding new services: inpatient detox, residential treatment, and addiction recovery services (recovery education, peer recovery support services, housing support services, recovery focused case management and relapse prevention).

- Lift current Medicaid restriction on IMD providers – expand access of at least 15 more facilities with 12 additional in queue.

- Within HIP, MCEs will use member incentive programs to influence behaviors – including targeting SUD treatment.
HIP Changes: Member Incentives and Employment

- **Expanded Incentives:** additional reward for members who engage in incentive programs for:
  - tobacco cessation.
  - substance abuse treatment.
  - chronic disease management.
  - employment.
  - Member rewards of up to $200 per member per incentive and up to $300 per member per year.

- **Tobacco Surcharge:** For members who do not stop smoking in their first year of enrollment. A 50% increase in Power Account contribution.

- **Employment:** Expansion of Gateway to Work Program
Gateway to Work (GTW)

Gateway to Work initiative was launched in 2015 as a voluntary program to promote the connection between employment and health by integrating the state’s various work training and job search programs with HIP.

Gateway to Work seeks to connect HIP members to gainful employment in a way that improves physical and mental health and the individual’s overall financial stability and well-being.

Robust participation in Gateway to Work will encourage member self-sufficiency and foster an eventual transition to the private market, ultimately leading to decreased unemployment for Hoosiers and improved health and financial stability for members.
Gateway Exemptions and Activities

- **Exemptions Include:** students, medically frail, homeless, caring for young child, participating in TANF work requirement, over 60 years, pregnant women, primary caregiver of dependent child below compulsory school age; kinship caregivers of abused or neglected children, certified temporary illness (includes FMLA), in active SUD treatment, former foster children under age 26, and recent incarceration.

- **Qualifying Activities Include:** work, school, volunteer work, learning English as a second language, caring for elderly non-dependent, job skills training and job search activities, participation in SNAP work requirements, managed care entity employment initiatives, and community service.
Children’s Health Insurance Program (CHIP)

October 26, 2017
CHIP – Overview

- CHIP provides health coverage to eligible children through both Medicaid CHIP and Separate CHIP programs.
- CHIP operates under federal requirements and is administered by the states.
- The program is authorized by Congress and funded 99.72% by the federal government.
CHIP – Overview

• The program covers children in families that earn too much to qualify for Medicaid but not enough income to afford family health insurance.

• CHIP provides comprehensive health and dental services including complex medical needs like asthma, diabetes and congestive heart failure.
CHIP – Indiana: Hoosier Healthwise

- In Indiana, CHIP members are in Hoosier Healthwise.
- Members receive care through one of four private insurance companies who coordinate care.
- Indiana currently serves over 100,000 children who have access to over 4,400 pediatricians.
- CHIP has helped decrease the rate of uninsured children in Indiana to an all-time low of 5%.
CHIP – Indiana: Hoosier Healthwise

- Each year, states receive an annual block grant to spend at an approved match rate – which is currently 99.72% for Federal Fiscal Year (FFY) 2017.
- The FFY 2017 CHIP allotment was $179,811,549 of which $503,472 is state funds.
CHIP – Hoosier Healthwise Populations

- CHIP serves two populations:

  1. Medicaid Expansion CHIP (MCHIP)
     - 70,000 members with family incomes between 106% and 158% of the federal poverty level.
     - No required copayments or premiums
     - They are eligible under both Medicaid and CHIP, but are currently financed under CHIP with higher FMAP.

  2. Separate CHIP (SCHIP)
     - 30,000 members with family incomes between 159% and 250% of the federal poverty level.
     - Families pay $22-$70 monthly premiums and small copayments
CHIP – Indiana: Hoosier Healthwise

• In 2016:
  – 88% of families gave favorable rating for their care.
  – Over 90% stated always or usually receive care quickly.
  – 72% of infants went to 6+ well-child visits in first 15 months.
  – 75% between ages 3 and 6 go to one annual well-child visit.
  – 64% of adolescents go to an annual well-child visit.

• These numbers place Indiana among the top 10 performing states.
CHIP – Health Services Initiatives

- Federal CHIP law gives states the option to support children’s public health initiatives.
- Indiana has two new initiatives
  - Poison Treatment Advice and Prevention
    - Supports Indiana Poison Center for its efforts
      - $650,000 per year
  - Lead Abatement
    - Supports ISDH Lead & Healthy Homes Program to do home lead testing and abatements
      - $3,000,000 per year
CHIP – Congressional Action

- Congress has not reauthorized CHIP funding after FFY 2017, which ended September 30th.
- Indiana has enough money left over from FFY 17 allotment to continue normal operations for the next several months.
CHIP – Congressional Action

- Both the House and Senate have separate bills on CHIP that have moved out of their respective committees to the Floor.
- For pertinent parts as it relates to Indiana CHIP, the substantive measures in these bills mirror each other.
- Program has historically received bipartisan support.
Health Care Reform: Review of Populations

- **100% FPL**: Medicaid FFS
- **138% FPL**: HIP
- **400% FPL**: Exchange → Traditional Private
Health Care Reform: Themes

• Block Grants
• Per Capita Caps
• Growth +1
• CSR Payments (Cost Sharing Reductions)
• 1115 Waivers
• 1332 Waivers
Health Care Reform: Specific Reform Activity

- Legislation: Graham-Cassidy
- Administrative: Executive Order on CSR & Short Term Plans
- Legislation: Alexander-Murray
- State Efforts – 1332s:
  - AK and OR – approve
  - MN – with limitations
  - IA, OK - withdrew