



Program Update

October 26, 2017



HIP Waiver Extension

- ❖ Submitted extension request in January 2017
 - ❖ Amendment filed in July 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



	Basic		Plus		Total	
FPL	Basic Total	Percentage	Plus Total	Percentage	HIP Total	Percentage
<5%	74,516	40.3%	110,353	59.7%	184,869	46.2%
5-22%	4,986	36.4%	8,698	63.6%	13,684	3.4%
23-50%	13,314	37.7%	21,983	62.3%	35,297	8.8%
51-75%	17,550	36.9%	29,982	63.1%	47,532	11.9%
76-100%	17,960	33.8%	35,247	66.2%	53,207	13.3%
<101%	128,326	38.4%	206,263	61.6%	334,589	83.6%
101-138%	9,015	14.7%	52,305	85.3%	61,320	15.3%
>138%**	1,807	39.8%	2,736	60.2%	4,543	1.1%
Grand Total	138,148	34.7%	261,304	65.3%	400,452	100.00%

*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.

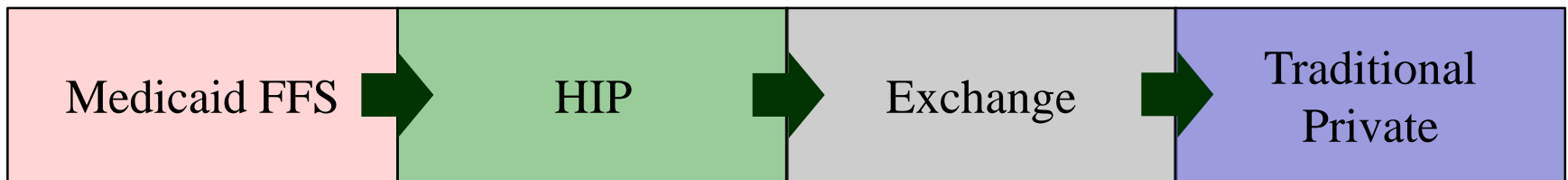


Health Care Reform: Review of Populations

100% FPL

138% FPL

400% FPL





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