

Enrollment Trends in Indiana Medicaid and the Marketplace



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Our Topics for Today

- ▶ Indiana Medicaid Trends
- ▶ Factors Impacting Medicaid
- ▶ Indiana Marketplace Trends
- ▶ Factors Impacting Marketplace
- ▶ Future Medicaid & Marketplace Impacts
- ▶ Thoughts on How to Assist Consumers
- ▶ A Little About Covering Kids & Families

Snapshot of Indiana Medicaid

May 2017 - May 2018

	HHW	HIP	FFS	HCC
March '18	626,542	439,851	284,814	88,523
1 mo.	-0.35%	-0.41%	0.35%	-1.26%
6 mo. avg.	-0.58%	0.22%	1.69%	-1.70%
1 yr. ago	0.90%	2.46%	1.42%	-6.74%
April '18	623,068	439,046	285,803	87,913
1 mo.	-0.55%	-0.18%	0.35%	-0.69%
6 mo. avg.	-0.78%	-0.70%	1.49%	-1.81%
1 yr. ago	1.02%	2.71%	1.19%	-6.38%
May '18	616,873	435,397	286,507	87,374
1 mo.	-0.99%	-0.83%	0.25%	-0.61%
6 mo. avg.	-1.41%	-1.13%	1.15%	-1.80%
1 yr. ago	-0.51%	2.85%	0.92%	-6.55%

Snapshot of Indiana Medicaid

May 2018 - May 2019

	HHW	HIP	FFS	HCC
March '19	602,072	417,919	315,391	90,559
1 mo.	0.18%	0.48%	1.42%	0.07%
6 mo. avg.	0.28%	-0.54%	3.87%	-0.12%
1 yr. ago	-3.91%	-4.99%	10.74%	2.30%
April '19	603,599	420,003	315,276	90,523
1 mo.	0.25%	0.50%	-0.04%	-0.04%
6 mo. avg.	0.55%	0.17%	2.62%	-0.03%
1 yr. ago	-3.12%	-4.34%	10.31%	2.97%
May '19	599,802	419,845	314,201	90,377
1 mo.	-0.63%	-0.04%	-0.34%	-0.16%
6 mo. avg.	-0.08%	0.32%	1.36%	-0.10%
1 yr. ago	-2.77%	-3.57%	9.67%	3.44%

Indiana Medicaid Enrollment Factors

- ▶ **Consumer “Churn” and Reclassification**
 - ▶ Movement between Medicaid programs and in/out of Medicaid altogether, even when positive, is not documented.
- ▶ **Redetermination Rules and “Lock-outs”**
 - ▶ May have played a part especially in the 2017-2018 enrollment losses, although more recent changes in rules for enforcement made these much less punitive.
- ▶ **Positive Economic / Employment Prospects**
 - ▶ More Medicaid enrollees could be moving into improved employment and employer sponsored plans - difficult to know.
- ▶ **Consumer Fatigue and Confusion**
 - ▶ For many low-income consumers the stigma, stress and uncertainty of health coverage programs may make it difficult to prioritize seeking / keeping coverage.



Snapshot of Indiana Marketplace Enrollments

Open Enrollment 2014 –2019

Year	Indiana Plan Selections	Benchmark Plan Cost	US Plan Selections	Benchmark Plan Cost
2019	148,404	\$339	11,444,141	\$477
2018	166,711	\$339	11,750,175	\$481
2017	174,611	\$278	12,216,003	\$359
2016	196,242	\$282	12,681,874	\$299
2015	219,185	\$323	11,688,074	\$276
2014	132,423	\$328	8,019,763	\$273



Indiana Marketplace Enrollment Factors

- ▶ **Consumer Confusion Regarding the ACA / Marketplace**
 - ▶ 2017-2018 legislative proposals made the future of the ACA and subsidies very uncertain during that period.
- ▶ **MCE Uncertainty Regarding the ACA / Marketplace**
 - ▶ 2017-2018 legislative proposals and administrative actions left Managed Care Entities questioning if they would receive Cost-Sharing Reduction payments and Marketplace stability.
- ▶ **Continued Rise in Premium Costs**
 - ▶ Due to factors such as the above but also due to high cost individuals / few young people seeking Marketplace coverage.
- ▶ **Recent Repeal of the Individual Mandate**
 - ▶ Impact difficult to estimate as it was infrequently enforced.
 - ▶ Triggered a federal case on the constitutionality of the ACA.



HIP Changes: 2018 Waiver Extension

- ▶ Increased coverage for Substance Use Disorder treatment, including the addition of residential care services as a treatment option.
- ▶ Created additional tobacco use cessation incentives and increased penalties for use.
- ▶ Added chiropractic care to HIP Plus benefits as an alternative modality for chronic pain relief.
- ▶ Added a new community engagement requirement called Gateway to Work (formerly a voluntary program) that mandates the documentation of employment, education, or volunteer activities in order to maintain coverage.



HIP Changes: Gateway to Work

- ▶ Starting in July of 2019, certain HIP enrollees will need to document hours for activities related to employment, education and/or volunteering. These hours will be self-attested by the consumer.
- ▶ The amount of required hours starts at 5 hours per week in July of 2020, gradually rising to 20 hours per week after January of 2021.
- ▶ Exemptions apply for pregnancy, caregivers of young children, students, SUD, medically frail, over 59, etc.
- ▶ All exemptions with require documentation either via claims data and/or through professional attestation.
- ▶ HIP enrollees can fail to meet hours in up to 3 months of the year without penalty.



HIP Changes: Gateway to Work

Required Hours per Duration of Coverage

HIP Enrollment Duration	Required Hours
Jan - June 2019	0 hours per week
July - Dec 2019	5 hours per week
Jan - June 2020	10 hours per week
July - Dec 2020	15 hours per week
Jan 2021 - Ongoing	20 hours per week



HIP Changes: Workforce Bridge

- ▶ FSSA has proposed an 1115 waiver amendment to create HIP Workforce Bridge for HIP members that become ineligible.
- ▶ For those members, the program would give them a \$1,000 account for paying premiums, deductibles, co-payments and co-insurance for up to 12 months following HIP disenrollment.
- ▶ The goals of the proposal include:
 - ▶ Reducing the benefit cliff faced by individuals transitioning from HIP
 - ▶ Successful and continued enrollment in commercial coverage
 - ▶ Reducing the number of individuals who exit HIP uninsured
 - ▶ Reducing churn between HIP / commercial coverage / uninsured
- ▶ **One Concern:** assisting these consumers in understanding commercial coverage options and differences from HIP.



Marketplace Impacts: Short-Term Limited Duration Plans

- ▶ Short-term limited-duration plans (STLDPs) are private market contracts, designed to fill temporary gaps in health coverage.
- ▶ Although they often have lower premiums, these plans are not government subsidized and do not offer ACA consumer safeguards.
 - ▶ STLDPs do NOT guarantee issuance
 - ▶ Pre-existing conditions are NOT generally covered
 - ▶ Essential health benefits coverage is NOT required; in Indiana only Hospitalization, Emergency Room, Ambulatory Care and Laboratory services must be covered.
 - ▶ Very few offer true prescription drug coverage, even fewer offer mental health services.
- ▶ Recent administrative and legislative changes allow these plans to be offered for longer durations than previously, up to 36 months.



Marketplace Impacts: CMS Update: 1332 Waivers

- ▶ CMS has released guidance for Section 1332 Waivers and the Governor's Office has permission to draft a 1332 waiver.
- ▶ **Account-Based Subsidies:** "A state can direct public subsidies into a defined-contribution, consumer-directed account that an individual uses to pay for health insurance premiums or other healthcare expenses."
- ▶ **State Specific Premium Assistance:** "A state may design a subsidy structure that meets the needs of its population in order to provide more affordable healthcare options."
- ▶ **Adjusted Plan Options:** "States would be able to provide financial assistance for different types of health insurance plans, including non-Qualified Health Plans."
- ▶ **Risk Stabilization Strategies:** "To address risk associated with individuals with high healthcare costs, this waiver concept gives states more flexibility to implement reinsurance programs or high-risk pools."



Bottom Line: How Do We Get Consumers Covered & Keep Them Covered?

- ▶ The current state of health coverage is one of confusion, fatigue and stress. Our consumers already face this in so many aspects of their lives.
- ▶ Prioritizing health coverage and health care, especially preventatively, is a can be a very difficult sell to make.
- ▶ The most reasonable solution is to decrease the confusion, fatigue and stress related to health coverage and care.
- ▶ So . . . what can we do to assist consumers?
 - ▶ Do you have Navigators on staff or out stationed with you?
 - ▶ Do you have a positive relationship locally with FSSA?
 - ▶ What would help you meet your consumers' coverage needs?



A Few Things About Covering Kids & Families

- ▶ We have a statewide network of Navigator programs that would love to work with you.
- ▶ Our local coalitions bring together professionals and stakeholders to discuss coverage needs and find solutions.
- ▶ We offer free educational opportunities across the state for Navigators, policy wonks and school professionals.
- ▶ We have a full-time policy presence and need your stories, expertise and insights in order to create change.
- ▶ Coverage solutions need all of us, and there is plenty of work to do . . . let us know how we can help each other!





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