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Healthy Indiana Plan ("1.0")

✓ First Medicaid plan with strong consumer-directed features (2008)
  • HDHP
  • POWER Account
  • Consumer choice + Provider engagement

✓ Proven Results
  • Improves healthcare utilization
  • Promotes personal ownership of health care

✓ High Member and Provider Satisfaction
  • Enhanced coverage
  • Enhanced provider reimbursement
State of the Uninsured in Indiana (pre-“HIP 2.0”)

HIP 2.0 vs. Medicaid Expansion

Health Improvement
Access
Coverage

Medicaid
HIP 2.0 Eligibility

Who is eligible for HIP 2.0?

• 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

• Includes individuals previously enrolled in:
  Healthy Indiana Plan (HIP 1.0) (59,000)
  Hoosier Healthwise (HHW) (112,000)
  Parents and Caretakers (MAGF)
  19 and 20 year olds (MAT)
## HIP 2.0: Three Pathways to Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefits</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIP Plus</strong></td>
<td>Comprehensive coverage with enhanced benefits, including vision, dental, bariatric, pharmacy</td>
<td>Monthly POWER account contribution required. Contribution is 2% of income with a minimum of $1 per month. ER copayments only.</td>
</tr>
<tr>
<td><strong>HIP Basic</strong></td>
<td>Minimum coverage, no vision or dental coverage</td>
<td>Must pay copayment ranging from $4 to $75 for doctor visits, hospital stays, and prescriptions.</td>
</tr>
<tr>
<td><strong>HIP Link</strong></td>
<td>Employer plan premium assistance paired with HSA-like account</td>
<td>Enhanced POWER account to pay for premiums, deductibles and copays in employer-sponsored plans. Provider reimbursement at commercial rates.</td>
</tr>
</tbody>
</table>
“Managed Care Entities” (MCEs)

✓ Also known as “health plans”
✓ Anthem, MDwise, MHS
✓ Members who were already in HIP or Hoosier Healthwise stayed with their MCE
✓ New members select MCE
  • On application OR
  • Call enrollment broker after application OR
  • Auto-assigned
✓ Once enrolled, call MCE with provider/benefit questions:
  • Anthem: (866) 408-6131
  • MDWise: (800) 356-1204
  • MHS: (877) 647-4848
## Income limits

### Monthly Income Limits for HIP 2.0 Plans

<table>
<thead>
<tr>
<th># in household</th>
<th>HIP Basic Income up to 100% FPL</th>
<th>HIP Plus Income up to ~138% FPL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$981</td>
<td>$1,369.73</td>
</tr>
<tr>
<td>2</td>
<td>$1,328</td>
<td>$1,853.85</td>
</tr>
<tr>
<td>3</td>
<td>$1,675</td>
<td>$2,337.97</td>
</tr>
<tr>
<td>4</td>
<td>$2,021</td>
<td>$2,822.09</td>
</tr>
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### Annual Income Limits for HIP 2.0 Plans

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<th>HIP Basic Income up to 100% FPL</th>
<th>HIP Plus Income up to ~138% FPL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$16,436.80</td>
</tr>
<tr>
<td>2</td>
<td>$15,930</td>
<td>$22,246.24</td>
</tr>
<tr>
<td>3</td>
<td>$20,090</td>
<td>$28,055.68</td>
</tr>
<tr>
<td>4</td>
<td>$24,250</td>
<td>$33,865.12</td>
</tr>
</tbody>
</table>

*133% + 5% income disregard, income limit for HIP program. Eligibility threshold is not rounded.
HIP Plus: POWER Account Contributions

✓ POWER account contributions are approximately 2% of member income
  • Minimum contribution is $1 per month*
  • Maximum contribution is $100 per month (individual enrollee in a 9 person household earning $62,000/year)

✓ Employers & not-for-profits may assist with contributions
  • Employers and not-for-profits may pay up to 100% of member PAC
  • Ideally, payments are made by individual directly to member’s selected managed care entity

✓ PAC amount based on family income
✓ If spouses both enrolled, they split the monthly PAC amount

*Approximately 20% of HIP eligible population will have an income that corresponds with the minimum $1 PAC
HIP Plus: POWER Account Contributions

Monthly POWER account contribution examples*

<table>
<thead>
<tr>
<th>FPL</th>
<th>Monthly Income/PAC Individual</th>
<th>Monthly Income/PAC Household of 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>$216 = $4.32</td>
<td>$445 = $8.90</td>
</tr>
<tr>
<td>50%</td>
<td>$491 = $9.82</td>
<td>$1,010 = $20.22</td>
</tr>
<tr>
<td>75%</td>
<td>$736 = $14.72</td>
<td>$1,516 = $30.32</td>
</tr>
<tr>
<td>100%</td>
<td>$981 = $19.62</td>
<td>$2,021 = $40.42</td>
</tr>
<tr>
<td>138%</td>
<td>$1,369 = $27.39</td>
<td>$2,822 = $56.44</td>
</tr>
</tbody>
</table>

*Amounts can be reduced by other Medicaid or CHIP premium costs
Ways to Pay the POWER Account Contribution

- Regardless of health plan members can pay by:
  - Credit or debit card (including prepaid cards)
    - Over the phone
    - Online
  - Check or money order
  - Automatic bank draft
  - Electronic funds transfer
  - Payroll deduction
  - Cash, at one of the following locations:

<table>
<thead>
<tr>
<th>Anthem</th>
<th>MHS</th>
<th>MDwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay at any Wal-Mart</td>
<td>Pay by Western Union</td>
<td>Pay at a Fifth Third Bank</td>
</tr>
<tr>
<td></td>
<td>Pay at any Wal-Mart</td>
<td>Pay at any Wal-Mart</td>
</tr>
</tbody>
</table>
Co-payment Amounts – HIP Basic

<table>
<thead>
<tr>
<th>Service</th>
<th>HIP Basic Co-Pay Amounts $ &lt;=100% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>$4</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$75</td>
</tr>
<tr>
<td>Preferred Drugs</td>
<td>$4</td>
</tr>
<tr>
<td>Non-preferred drugs</td>
<td>$8</td>
</tr>
<tr>
<td>Non-emergency ED visit</td>
<td>Up to $25 *</td>
</tr>
</tbody>
</table>

*$8 for first non-emergent emergency department (ED) visit; $25 for any additional
Emergency Department (ED) Copayment Collection

- HIP features a graduated ED copayment model

- HIP requires non-emergent ED copayments unless:
  - Member calls MCE Nurse-line prior to visit or
  - The visit is a true emergency

- $8 1st non-emergent ED visit in the benefit period
- $25 Each additional non-emergent ED visit in the benefit period
HIP Reimbursement Rate Increases

• In HIP all benefit packages pay at
  • Medicare rates or
  • 130 percent of Medicaid rates
  • HIP Basic reimbursement reduced by copay amount
• In Medicaid (Hoosier Healthwise/pregnancy/kids and aged, blind and disabled)
  • INCREASED rates by an average of 25 percent
    • BH = 85% MC
    • Prenatal/Maternity = 100% MC
Maintaining Financial Sustainability

HIP 2.0 will be sustainable & will not increase taxes for Hoosiers

HIP 2.0 will continue to utilize HIP Trust Fund dollars

HAF - Indiana hospitals will help support costs to expand HIP 2.0 starting in 2017

Waiver specifies HIP 2.0 continuity requires:
- Enhanced federal funding
- Hospital assessment program approval
### Projected HIP Enrollment

<table>
<thead>
<tr>
<th>Year</th>
<th>Projected “total” enrollment</th>
</tr>
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<tbody>
<tr>
<td>2015</td>
<td>356,869</td>
</tr>
<tr>
<td>2016</td>
<td>518,506</td>
</tr>
<tr>
<td>2017</td>
<td>544,763</td>
</tr>
<tr>
<td>2018</td>
<td>552,390</td>
</tr>
</tbody>
</table>
Program Rollout Update

✓ Since Governor Pence announced HIP 2.0 on January 27:
  • Program began same day as announcement
  • 170,000+ immediately enrolled in HIP 2.0
  • Over 320,000 applications received for health coverage - over 81% have been received online
  • As of 7/15, total enrollment had reached 297,000
  • Just under 70% of enrolled members are in HIP Plus
  • Nearly 2,000 new providers have joined the network
  • Statewide meetings and events continue with providers and other stakeholder groups as well as enrollment events
HIP 2.0 Hits the Air

- TV, radio, digital, print, outdoor and transit ads through December 2015
- “Without it/With it” campaign focuses on the health benefits of HIP 2.0
- Promotes website, phone number, text option
HIP Link helps employees pay for the costs of their employer coverage.

• HIP Link members get a $4,000 POWER account. Members receive a monthly check to help cover the cost of employer premiums.
  • Like HIP, HIP Link members contribute 2% of their income towards the costs of coverage.
  • POWER account also helps cover member cost sharing.
  • Members can use their HIP Link card to pay for copayments, deductibles and coinsurance.
Which employees are eligible for HIP Link?

• **Individuals must:**
  - Be HIP eligible,
  - Have access to employer-sponsored insurance,
  - Be 19 years of age or older (less than 65), and
  - Have a household income under 138% FPL.

• **Coverage options:**
  - May extend coverage to spouse or eligible dependent.
  - May compare HIP Link and HIP 2.0 coverage through the state during enrollment and elect one.
Which employers and health plans are eligible for HIP Link?

- **Employers or Multi-Employer Plans must:**
  - Contribute at least 50% to the premium cost,
  - Have a FEIN, and
  - Employ Indiana residents.

- **Health plans must:**
  - Meet benefit requirements,
    - Essential Health Benefits and/or Federal Minimum Value requirements,
    - Mental Health Parity and Addiction Equity Act, and
    - Abortion requirements, in accordance with state and federal law.
Why should employers participate in HIP Link?

• More employees may be able to enroll in the employer’s group health plan.
• An increase in employees may help to meet industry and marketplace participation rates or lower group premium rates.
• Employees can better manage health care costs with their HIP Link POWER Account and Health Reimbursement Account (HRA), if offered by employer.
• Potential to expand employee base and increase retention by being listed as an approved HIP Link Employer.
• Possible tax benefits for small employers using the Health Insurance Marketplace.
• HIP Link does not disrupt the current group health plan offered or cost sharing structure and can be incorporated at any time.
HIP 2.0 Gateway to Work

✔ All individuals who complete the application for HIP coverage will be connected to job training and job search programs offered by the State of Indiana

✔ Voluntary Program - Does not affect eligibility

✔ Members will receive letters, can call (800) 403-0864 to sign up
Applying for HIP 2.0: Application Methods

Indiana Application for Health Coverage

Estimate eligibility and POWER account contribution amounts with the online calculator at:
http://www.in.gov/fssa/hip/2352.htm

Apply for HIP by completing:
1. Online Health Coverage Application available at:
   https://www.ifcem.com/CitizenPortal/application.do#
2. Phone Application
3. Paper Application

Single application for all coverage programs

Find a local navigator to help with enrollment at:
http://www.in.gov/healthcarereform/2468.htm
In summary: HIP 2.0...

✓ Is Indiana-specific solution
  • Establishes our own priorities
  • Builds off of successful program

✓ Expands coverage AND improves access

✓ Consumer-directed (ownership)
  • Price transparency
  • Patient/provider partnership
  • Focus is on healthy outcomes
Help us get the word out!

✓ HIP.IN.gov is your primary resource
  • About HIP
  • Am I Eligible? Includes eligibility and income calculator
  • How to Enroll?
  • Links to “Find a Navigator”
  • Provider links - health plans, pharmacy
  • Helpful Tools (to download)
    o Brochures, articles, graphics, training slides

✓ 1-877-GET-HIP-9