

H*i*P 2.0

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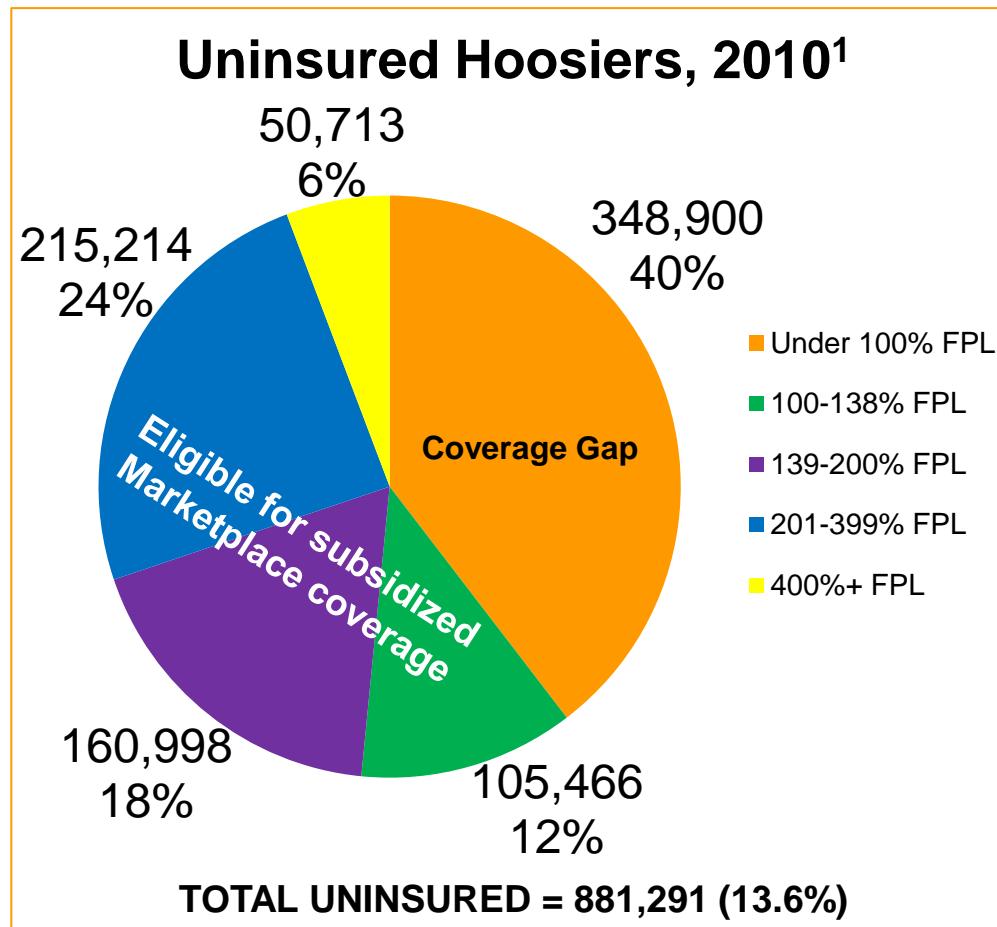
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Healthy Indiana Plan (“1.0”)

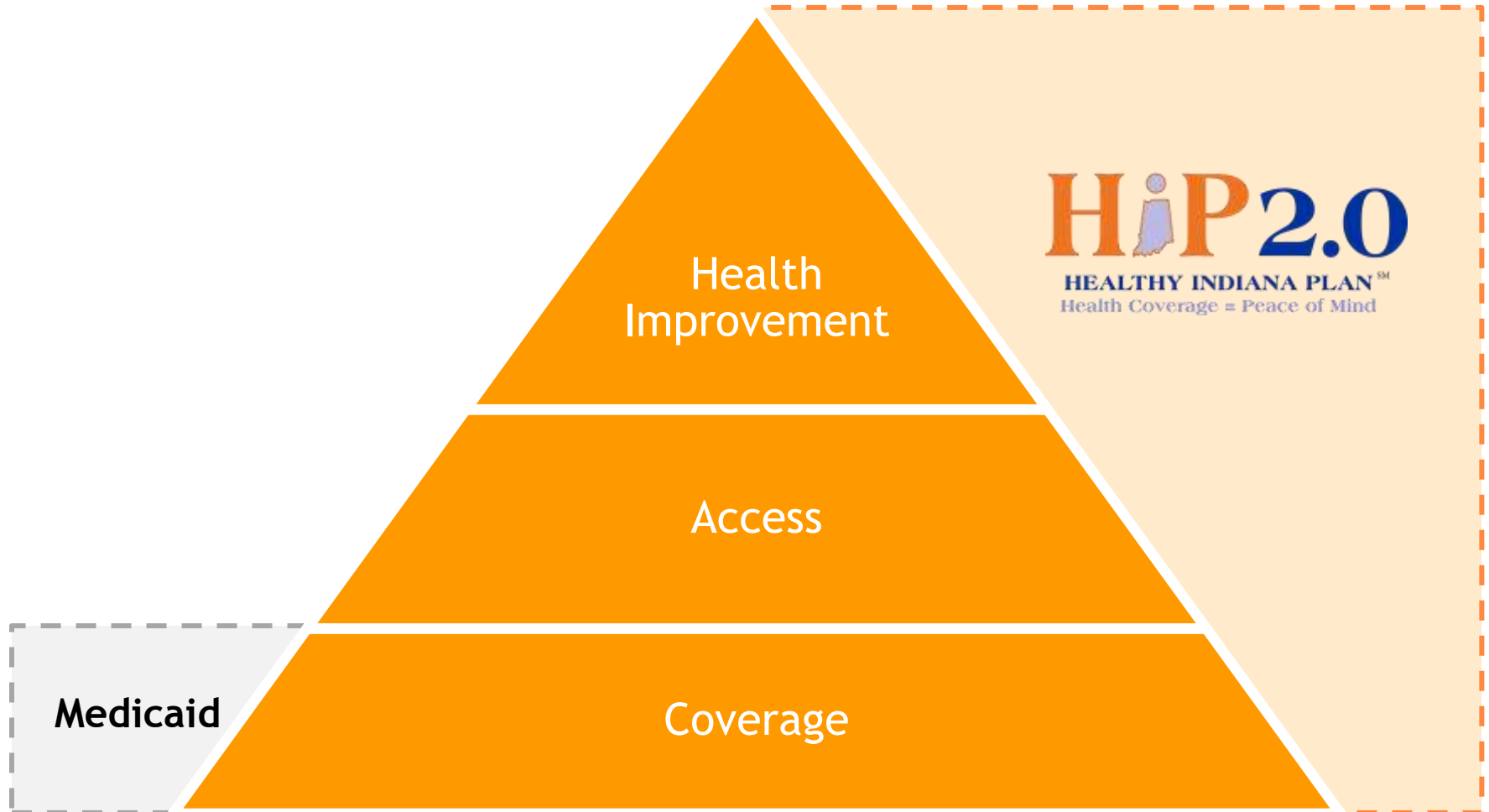
- ✓ First Medicaid plan with strong consumer-directed features (2008)
 - HDHP
 - POWER Account
 - Consumer choice + Provider engagement
- ✓ Proven Results
 - Improves healthcare utilization
 - Promotes personal ownership of health care
- ✓ High Member and Provider Satisfaction
 - Enhanced coverage
 - Enhanced provider reimbursement

State of the Uninsured in Indiana (pre-“HIP 2.0”)



1. SHADAC Health Insurance Analysis. (2011). American Community Survey data. Retrieved from www.nationalhealthcare.in.gov.

HIP 2.0 vs. Medicaid Expansion



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

Best
Value

HIP Plus

- Initial plan selection for all members
- **Benefits:** Comprehensive coverage with **enhanced benefits**, including vision, dental, bariatric, pharmacy
- **Cost sharing:**
 - Monthly POWER account contribution required
 - Contribution is 2% of income with a minimum of \$1 per month
 - ER copayments only

HIP Basic

- Fall-back for members with income <100% FPL who do not make POWER account contribution
- **Benefits:** Minimum coverage, **no vision or dental coverage**
- **Cost sharing:**
 - Must pay copayment ranging from \$4 to \$75 for doctor visits, hospital stays, and prescriptions

HIP Link

- **Employer plan premium assistance paired with HSA-like account**
- Enhanced POWER account to pay for premiums, deductibles and copays in employer-sponsored plans
- Provider reimbursement at commercial rates

“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

# in household	HIP Basic Income up to 100% FPL	HIP Plus Income up to ~138% FPL*
1	\$981	\$1,369.73
2	\$1,328	\$1,853.85
3	\$1,675	\$2,337.97
4	\$2,021	\$2,822.09

Annual Income Limits for HIP 2.0 Plans

# in household	HIP Basic Income up to 100% FPL	HIP Plus Income up to ~138% FPL*
1	\$11,770	\$16,436.80
2	\$15,930	\$22,246.24
3	\$20,090	\$28,055.68
4	\$24,250	\$33,865.12

*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 the corresponds with the minimum \$1 PAC

HIP Plus: POWER Account Contributions

Monthly POWER account contribution examples*

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

*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:

Anthem	MHS	MDwise
Pay at any Wal-Mart	Pay by Western Union Pay at any Wal-Mart	Pay at a Fifth Third Bank Pay at any Wal-Mart

Co-payment Amounts – HIP Basic



Service	HIP Basic Co-Pay Amounts ≤100% FPL
Outpatient Services	\$4
Inpatient Services	\$75
Preferred Drugs	\$4
Non-preferred drugs	\$8
Non-emergency ED visit	Up to \$25 *

**\$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



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

Year	Projected “total” enrollment
2015	356,869
2016	518,506
2017	544,763
2018	552,390

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

Premium Assistance Program



HIP Link Overview

- 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.

HIP Link

Premium Assistance Program



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.

HIP Link

Premium Assistance Program



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.

Employer Participation

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>

**Best
Option**

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)
 - Brochures, articles, graphics, training slides
- ✓ 1-877-GET-HIP-9