Today’s agenda

CKF’s history

Our vision, mission, and goals

How we do it
  – Our Staff
  – Our Coalitions
  – Our ISHN
  – The Data
  – Our Policy work
    • State legislative updates
    • Administrative updates
    • Federal updates
Our history

1999
Received Robert Wood Johnson Foundation (RWJF) *Covering Kids* three-year initiative grant to implement Medicaid and SCHIP outreach and enrollment activities through statewide and local coalitions

2002
Received RWJF’s *Covering Kids & Families* 4-year initiative grant to continue to the CK work

2006
RWJF grant ended; received strategic planning grant; established a not-for-profit 501(c)(3) corporation
Our history

2014
Founding leader and Executive Director retired; eighth coalition joins service area

2015
Ninth and tenth Coalitions established adding 5 new counties; existing coalitions added 7 counties to existing service area; headquarters officially moved to Indianapolis

2016
Eleventh and twelfth Coalitions established adding 4 new counties
Our vision and mission

All Hoosier children and families have health care coverage

To achieve our vision, we actively engage in a CARE model:

• **C**oalition building among health care providers, social service organizations, faith-based organizations, schools, state agencies, and others;

• **A**dvocacy to reduce barriers and increase access, availability, and affordability;

• **R**esource building among our partners; and

• **E**ducation that effectively responds to health disparities and positively influences public policy.
Our goals

• Be the state’s strongest resource for facilitating health coverage enrollment

• Be a statewide recognized expert and strong voice on health coverage issues

• Expand and strengthen the reach and impact of CKF’s statewide and local grassroots network through increased interaction, partnerships and collaborations
Our Coalitions

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Lake County</td>
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<tr>
<td>2</td>
<td>La Porte County</td>
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<tr>
<td>3</td>
<td>North Central</td>
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<tr>
<td>4</td>
<td>Northeast</td>
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<tr>
<td>5</td>
<td>Area Five</td>
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<tr>
<td>6</td>
<td>East Central</td>
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<tr>
<td>7</td>
<td>West Central</td>
</tr>
<tr>
<td>8</td>
<td>Madison County</td>
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<tr>
<td>9</td>
<td>Central</td>
</tr>
<tr>
<td>10</td>
<td>Monroe, Owen, Brown</td>
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<tr>
<td>11</td>
<td>Scott County</td>
</tr>
<tr>
<td>12</td>
<td>Dubois, Warrick, Pike</td>
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As of 2014

Added 2015

Added 2016

MACRA

In Talks

Our Coalitions

As of 2014

Added 2015

Added 2016

MACRA

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Our Coalitions

As of 2014

Added 2015

Added 2016

MACRA

In Talks
ISHN believes that every student in Indiana can be healthy and academically successful, achieve his/her potential, and have enhanced life-long well-being.

The **Indiana School Health Network** is a statewide coalition and clearinghouse that engages and convenes key stakeholders to:

- Promote, enhance and advocate for comprehensive, coordinated school health programs and services;
- Promote, enhance and advocate for school-based and school-linked health care including dental and behavioral health, health education and health promotion services;
- Educate and engage families, health care agencies, faith-based organizations, businesses and not-for-profit organizations about the health needs of children and youth;
- Provide an annual school health conference for professional and agency support, resource and professional development and networking opportunities for members, schools and school personnel; and,
- Enhance and strengthen inclusive community and school health partnerships.
Whole School, Whole Community, Whole Child

The Whole School, Whole Community, Whole Child (WSCC) model expands on the eight elements of CDC’s coordinated school health approach and is combined with the whole child framework to strengthen a unified and collaborative approach designed to improve learning and health in our nation’s schools.
The Data

INDIANA MEDICAID/CHIP/HIP ENROLLMENT
Enrollment Trend Highlights – April 2016

Total Program Membership

![Graph showing total program membership from April 2015 to April 2016 with a peak at 1,390,321.

Notes of Interest:

⇒ **HIP Emergency**: This category currently has 21,693 and has grown by an average of 5.16% in the last 6 months. This is almost twice as fast as the 2.78% average growth rate in all other HIP categories over the last 6 months.

⇒ **HIP Link**: Membership in this program remains low. It also lost its first members since it was created. Membership went from 23 in March to 21 in April.

Trends

<table>
<thead>
<tr>
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<th>HHW</th>
<th>HCC</th>
<th>HIP</th>
<th>FFS</th>
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<tbody>
<tr>
<td>February</td>
<td>602.15</td>
<td>97.840</td>
<td>387.851</td>
<td>282.321</td>
</tr>
<tr>
<td>1 mth</td>
<td>1.51%</td>
<td>0.34%</td>
<td>-1.85%</td>
<td>0.74%</td>
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<tr>
<td>6 mth avg.</td>
<td>0.12%</td>
<td>0.11%</td>
<td>3.21%</td>
<td>1.86%</td>
</tr>
<tr>
<td>1 yr ago</td>
<td>0.62%</td>
<td>N/A</td>
<td>108%</td>
<td>-23.6%</td>
</tr>
<tr>
<td>March</td>
<td>604.934</td>
<td>98.091</td>
<td>403.651</td>
<td>281.919</td>
</tr>
<tr>
<td>1 mth</td>
<td>0.46%</td>
<td>0.26%</td>
<td>4.07%</td>
<td>-0.14%</td>
</tr>
<tr>
<td>6 mth avg.</td>
<td>0.61%</td>
<td>0.33%</td>
<td>5.31%</td>
<td>0.88%</td>
</tr>
<tr>
<td>1 yr ago</td>
<td>0.78%</td>
<td>N/A</td>
<td>64.0%</td>
<td>-18.7%</td>
</tr>
<tr>
<td>April</td>
<td>602.818</td>
<td>97.985</td>
<td>408.231</td>
<td>281.287</td>
</tr>
<tr>
<td>1 mth</td>
<td>-0.35%</td>
<td>-0.11%</td>
<td>1.19%</td>
<td>-0.72%</td>
</tr>
<tr>
<td>6 mth avg.</td>
<td>0.32%</td>
<td>0.17%</td>
<td>4.46%</td>
<td>0.57%</td>
</tr>
<tr>
<td>1 yr ago</td>
<td>-0.25%</td>
<td>1200%</td>
<td>55.4%</td>
<td>-13.7%</td>
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The values above reflect the percentage difference between the previous month, the six month rolling average, and the same month last year respectively.

While HIP was the only program to grow in April, it did so at a lower rate than in March. All other categories lost members in April.

There are over 1.39 million Indiana Health Coverage Members and around 1.45 million Hoosiers under 138% FPL (US Census Bureau). This results in a ratio of 0.94:1. These populations don’t completely overlap, but this ratio can be used to compare how counties are enrolling their low income residents. Monroe and Lagrange are outliers most likely due to university students and the Amish population, respectively. The chart to the right shows only CKF covered counties. Click the chart for the complete list of counties.

Sources: Indiana Family and Social Services Administration, Enrollment Data. The expressed views and opinions are strictly those of Covering Kids & Families of Indiana and do not reflect the official position of the Indiana Family and Social Services Administration or other partners.
State Legislative updates
# State Legislative updates

<table>
<thead>
<tr>
<th>Legislation impacting health coverage and enrollment</th>
<th>Legislation impacting the health care safety net</th>
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<tr>
<td>SEA 165: Healthy Indiana Plan</td>
<td>SEA 15: Fresh food initiative</td>
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<td>HEA 1347: Mental Health matters</td>
<td>SB 132: Food stamp assistance after drug conviction</td>
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<td>SB 377: Removal of SNAP asset limits</td>
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<td>SEA 214: Controlled substances</td>
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<td>SEA 297: Opioid dependence treatment</td>
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Administrative updates
Administrative updates:  
**Indiana Navigator Program**

- **HEA 1347**: IDOI “shall, in consultation with the office of the secretary of family and social services, review, study, and make recommendations concerning the current capacity, training, adequacy, and barriers to navigators who provide assistance to individuals in applying for and obtaining public health insurance program coverage.” *(September 30, 2016)*

- **Proposed rule 760-IAC 4** for Navigators and AOs: regarding certification and registration requirements, precertification education and examinations, continuing education, duties, conflicts of interest, privacy and security of information, reporting requirements, enforcement, and other matters relating to an individual acting as a navigator and an entity acting as an application organization in Indiana.

  *CKF comments: Delay rule until after study; ensure commensurate emphasis on ICHP programs*
Federal updates
Federal updates:
Medicaid Managed Care

CMS released a final rule on Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability.

- Centered around five principles: alignment with other coverage options; delivery system reform; payment and accountability improvements; beneficiary protections; and modernizing regulatory requirements and improving the quality of care.

- New requirements around availability of consumer information, network adequacy, addressing health disparities, quality ratings, and Medical Loss Ratios.
Federal updates: *Incarcerated individuals*

CMS released [SHO #16-007](http://example.com) RE: To Facilitate successful re-entry for individuals transitioning from incarceration to their communities

- Individuals on probation, parole, or community release pending trial (including those under pre-trial supervision) retain eligibility for Medicaid and Medicaid services.

- Individuals residing in corrections-related, supervised community residential facilities, or home confinement are eligible for Medicaid services.

- Does not explicitly clarify whether or not an individual on work release or in non-residential day reporting centers in which they receive treatment for mental health or substance use disorder retain eligibility for Medicaid services while on probation or parole.
Federal updates:

Free Care rule

CMS released SMD #14-006 Re: Medicaid Payment for Services Provided without Charge (Free Care)

- In the past, the “Free Care Rule” prevented states from receiving federal Medicaid funds to provide any service that is ordinarily provided for free to the community at large, even if Medicaid would cover these services for its beneficiaries. For instance, if a public school nurse were to examine a student, federal funds could not be used to cover that exam, because all students would be able to access the service without being charged.

- In this letter, HHS announced that Medicaid reimbursement is available for services that are free to the community at large, as long as all other Medicaid requirements are met. (Georgetown CCF)
Questions?

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