

Welcome to



Access to Care Coalition

June 1, 2016

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

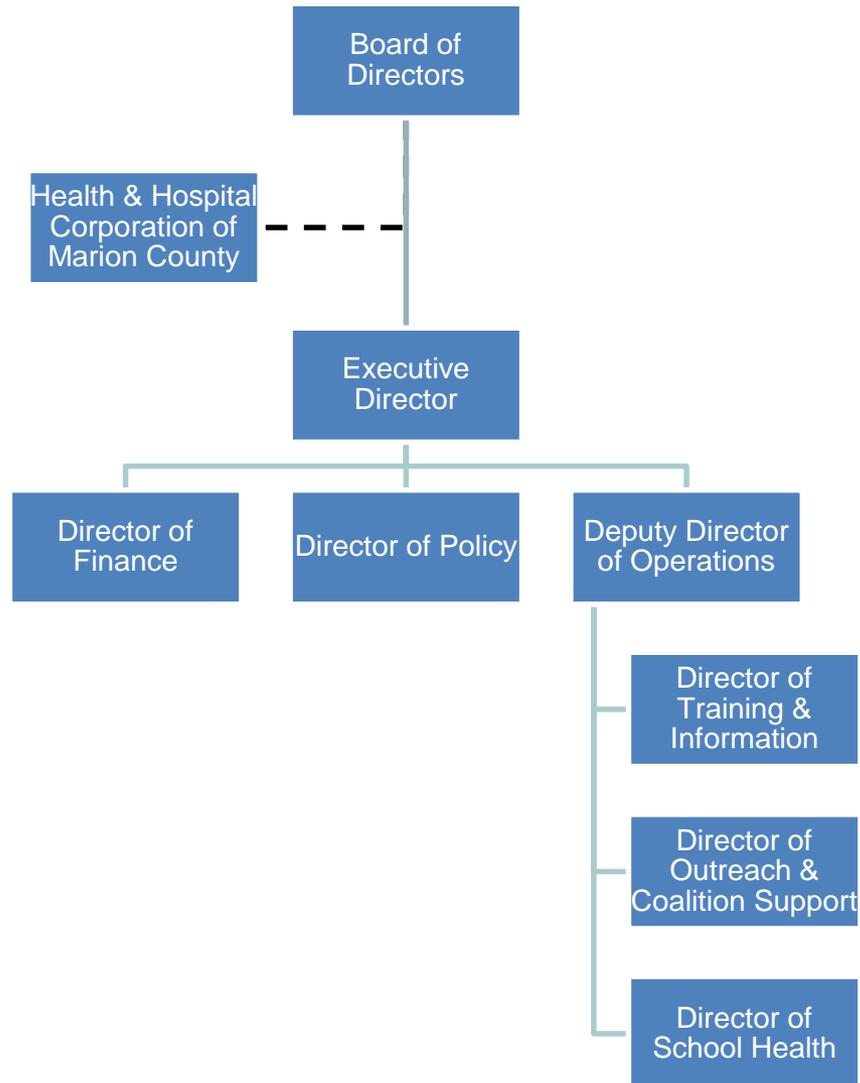
To achieve our vision, we actively engage in a **CARE** model:

- **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 staff



Our Coalitions

As of 2014

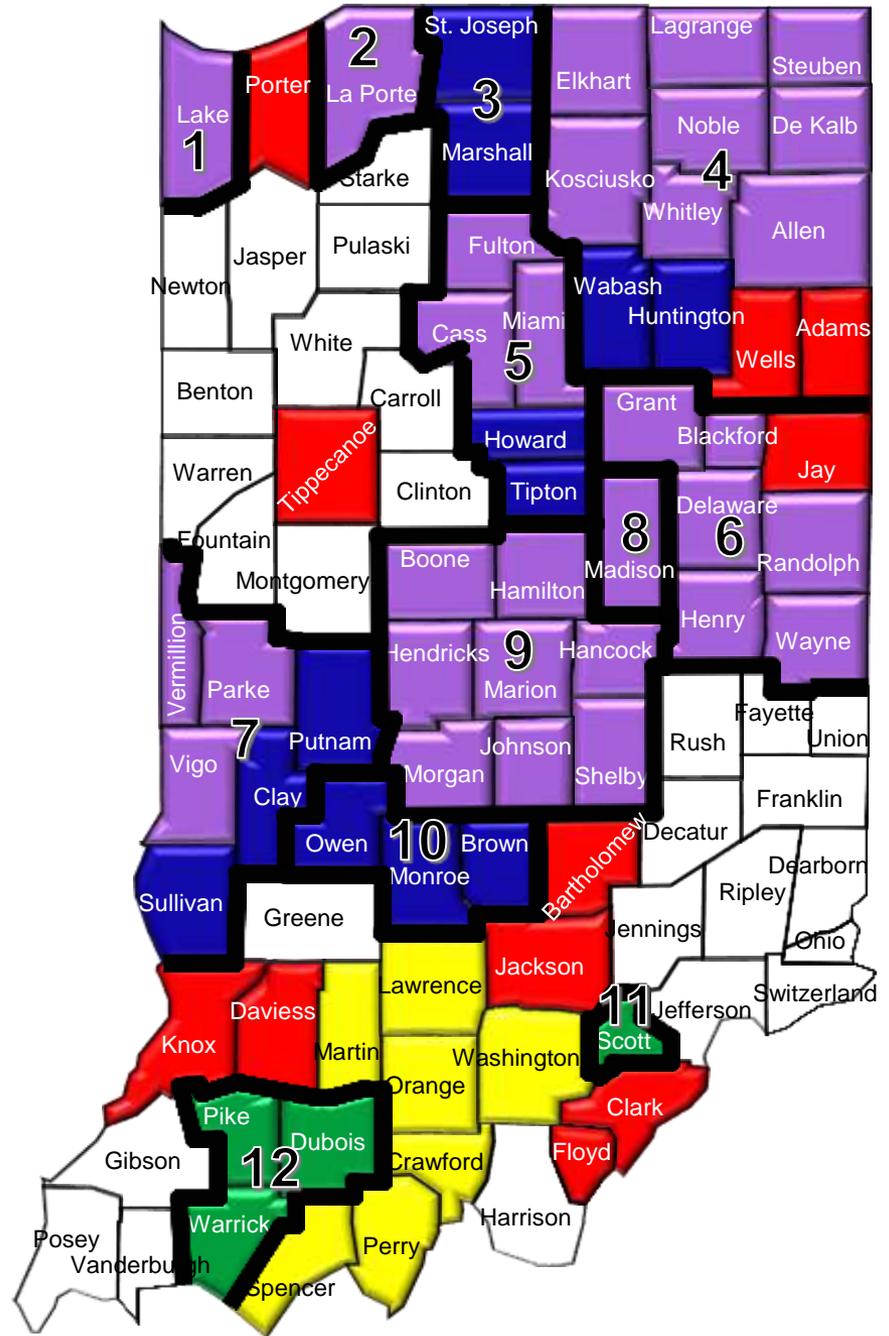
Added 2015

Added 2016

MACRA

In Talks

1	Lake County
2	La Porte County
3	North Central
4	Northeast
5	Area Five
6	East Central
7	West Central
8	Madison County
9	Central
10	Monroe, Owen, Brown
11	Scott County
12	Dubois, Warrick, Pike





INDIANA SCHOOL HEALTH NETWORK

Covering Kids & Families of Indiana



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 enrollment includes HIP Regular Plus and HIP State Plus Conditionally Eligible members.

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.

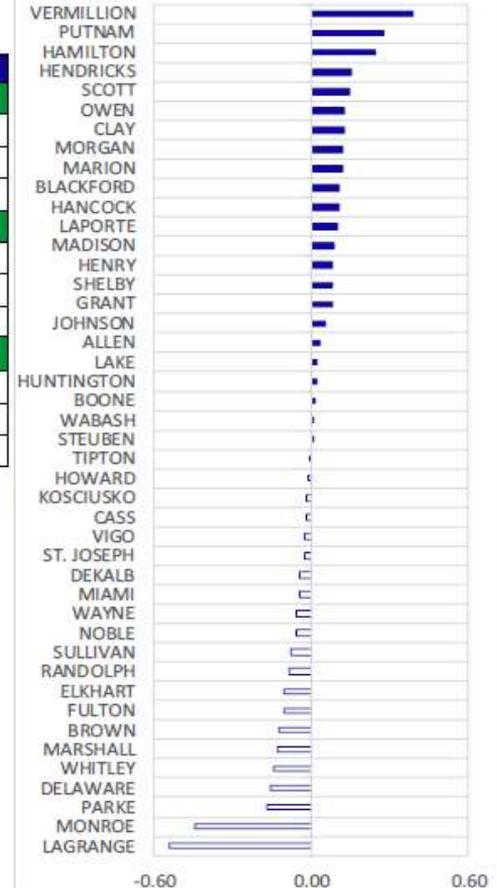
Trends

	HHW	HCC	HIP	FFS
February	602,158	97,840	387,851	282,321
1 mth.	1.51%	0.34%	-1.85%	0.74%
6 mth. avg.	0.12%	0.11%	3.21%	1.36%
1 yr. ago	0.62%	N/A	108%	-23.6%
March	604,934	98,091	403,651	281,919
1 mth.	0.46%	0.26%	4.07%	-0.14%
6 mth. avg.	0.61%	0.33%	5.31%	0.88%
1 yr. ago	0.78%	N/A	64.0%	-18.7%
April	602,818	97,985	408,231	281,287
1 mth.	-0.35%	-0.11%	1.13%	-0.22%
6 mth. avg.	0.32%	0.17%	4.46%	0.57%
1 yr. ago	-0.25%	1200%	55.4%	-13.7%

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.



State Legislative updates



State Legislative updates



Legislation impacting health coverage and enrollment

SEA 165: Healthy Indiana Plan

HEA 1347: Mental Health matters

Legislation impacting the health care safety net

SEA 15: Fresh food initiative

SB 132: Food stamp assistance after drug conviction

SB 377: Removal of SNAP asset limits

SEA 214: Controlled substances

SEA 297: Opioid dependence treatment

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](#) 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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