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Overview

1. Goals, History, and Getting Off the Ground
2. Member Eligibility & Feature of POWER Account
3. Meeting Goals
4. Upcoming Changes



Goals

1. Promote increased access to health care services
2. Encourage healthy behaviors and appropriate care, including early intervention, prevention and wellness
3. Increase quality of care and efficiency of health care delivery system
4. Promote private market coverage
5. Provide opportunities to seek job training and stable employment to reduce dependence on public assistance

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



Stakeholder Engagement

- Work to build large coalition of public ambassadors began months before approval
- Prepared stakeholders to work as “intermediary communicators” to help educate public
- Provided continuous program education and waiver proposal updates
- Engaged dozens of organizations interested in helping future enrollees and others interested in the program
- Sought feedback on member outreach strategies
- Capitalized on stakeholder’s established client/social networks of key organizations



MEMBER ELIGIBILITY & POWER ACCOUNT



2 Pathways to Coverage

1. HIP Plus: 19-64 years old with income < 138% FPL

- 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

2. HIP Basic: 19- 64 years old with income < 100% FPL

- Fall-back for members 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

Ways to Make 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: Wal-Mart, CVS, Dollar General, 5/3 Bank, via Money Gram. Different MCEs offer different locations.



Power Account Feature

Preventive Care:

- No copayments for anybody &
- No use of POWER account funds for Plus members
- Routine preventive services: prevent disease, diagnose disease or promote good health – some services can vary based on age, gender and pre-existing conditions
 - Well care visits
 - Mammograms
 - Colorectal Screenings
 - Tobacco Dependence Treatment Classes

Account Reconciliation and Member Rollover



POWER Accounts are reconciled 120 days after the member benefit period is over. This is also when member rollover is determined.

- **Reconciliation** – did the member expend all \$2,500 of account value. Does the MCE owe the State any refund amount?
- **Rollover** – did the member earn rollover for obtaining preventive services, pay PAC, having a remaining balance?

For Benefit Periods ending Jan 2016-May 2016:

- 37.9% of members used all of POWER Account while 46.6% used less than half of their POWER Account.
- The average POWER Account expenditure during that time was \$1,417
- 47.5% earned a rollover to reduce future PAC payments. 36% of those earned over \$100 in rollover.



MEETING GOALS



Enrollment

	Basic				Plus				Total HI Enrollment
	State	Regular	Basic Total	Percentage of Basic Enrollment	State	Regular	Plus Total	Percentage of Plus Enrollment	
<23%	46,703	39,195	85,898	40.4%	67,939	58,603	126,542	59.6%	212,440
23-50%	3,975	9,934	13,909	40.6%	5,988	14,201	20,189	59.4%	34,098
51-75%	4,439	14,941	19,380	40.8%	6,935	21,155	28,090	59.2%	47,470
76-100%	3,984	15,933	19,917	37.7%	7,289	23,800	29,725	64.0%	46,455
Total <101%	59,101	80,003	139,104	40.1%	88,151	119,605	207,756	59.9%	346,860
101-138%	3,144	7,549	10,693	17.8%	11,344	38,163	49,507	82.2%	60,200
>138%	1,644	62	1,706	41.9%	2,123	240	2,363	58.1%	4,069
Grand Total	63,889	87,614	151,503	36.9%	101,618	158,008	259,626	63.1%	411,129

*As of April 30, 2017



Ensuring Access to Coverage

Presumptive Eligibility

- First 9 months of program – 97,386 members received care through Presumptive Eligibility

6-month Lockout for People Over 100% FPL

- Only 6% of those over 100% get locked out for failure to pay
 - Some may be strategic because they gained coverage through employer
- Exceptions to Lock-Out: losing employment, medically frail, etc.

Preventive Care



Percentage of Members by Gender and Age Receiving Qualifying Preventive Care Services

Feb 2015-Jan 2016

		19-25	26-34	35-44	45-54	55-64
Plus	Total	65%	70%	75%	79%	79%
	Male	47%	54%	64%	73%	74%
	Female	72%	76%	80%	84%	83%
Basic	Total	45%	50%	50%	50%	45%
	Male	21%	28%	36%	41%	41%
	Female	53%	56%	56%	58%	50%

* Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report
Lewin July 6, 2016



Plus Members : Basic Members

- Plus Members Had better drug adherence
 - 84% Plus
 - 67% Basic
- Plus Members Relied less on emergency room
 - 64.58 visits per 1,000 member months for Plus Members
 - 86.17 visits per 1,000 member months for Basic Members

* Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report
Lewin July 6, 2016



POWER Account

- 62% of all HIP members successfully managed to maintain a balance
- 48% earned rollover incentive
 - Average was \$113

* Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report

Lewin July 6, 2016



Member Experience

Since program began in February 2015:

- About 65% of enrollees are choosing Plus and making PAC payments
- About 60% of enrollees under 100% FPL are choosing Plus

Over 90 percent of Plus members who made their initial POWER Account Contributions (PACs) continued to make payments and remained in HIP Plus.*

Between February 1, 2015 and November 30, 2016:

9,636 unique individuals with incomes above 100% FPL were disenrolled from HIP Plus coverage due to non-payment of PAC.*

* Healthy Indiana Plan 2.0: POWER Account Contribution Assessment
Lewin March 31, 2017



HIP WAIVER RENEWAL - CHANGES



Gateway to Work Expansion

Eligible members will be required to participate in work or community engagement for

- 20 hours per week in 8 of 12 months.

Exemptions: medically frail, caretaker of young child, seeking addiction treatment, homeless, pregnant, former foster care up to 26, employed.

Participation: work, volunteer activities, attending school, getting GED, learning English as a second language, homeschooling, job search activities, MCE employment initiatives.



Tiered PAC

Change the POWER Account contribution from a calculated 2% of income to a tiered amount based on the member FPL.

FPL	Monthly PAC Single Individual	Monthly PAC Spouses
<22%	\$1.00	\$1.00
23-50%	\$5.00	\$2.50
51-75%	\$10.00	\$5.00
76-100%	\$15.00	\$7.50
101-138%	\$20.00	\$10.00



12 month MCE assignment

- Member will remain with MCE for 12 months, even with a gap in coverage.
- Translates into a calendar year benefit period. Each fall (Nov 1-December 15) members will select their MCE for the next year.



Tobacco Surcharge

- Members who do not stop smoking will have an increased POWER Account contribution in their second year (2019) of coverage.
- Amount will increase PAC by 50%



Expanded Incentives

The program will be designed to offer outcomes -based incentives to members who meet individually achievable relative goals, as well as some process and participation measures.

The program will align member incentives with specific health challenges facing HIP members

- Tobacco cessation
- Substance use disorder treatment
- Chronic disease management and
- Employment related incentives.

Thank You



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