

## **Summary of Medicaid Access Report**

Over almost four years, there has been steady increase in overall enrollment of children into Medicaid and the Separate Children's Health Insurance Program ("S-CHIP"), which covers 679,978 children at 18 years old and younger as of June 2017. This overall increase helped lower the uninsured rate for children to be at a state record low of 5% in 2015. Additionally, Medicaid and S-CHIP covers 41% of children in the state.

Over 90% of children in Medicaid and S-CHIP receive managed care through a private insurance carrier that is a managed care entity ("MCE") which covers and coordinates care for its members through risk based contracting with the state. Hoosier Healthwise is the largest managed care program and is specifically designed for pregnant women and children aged 18 years and younger. These contracts require each MCE has two primary medical providers within 30 miles of each members all across Indiana to ensure general access to services.

Each MCE reports on various nationally accredited quality measures to the Office of Medicaid Policy and Planning ("OMPP"). Indiana outperforms most states on quality measures that cover comprehensive well-checks, immunizations, and prenatal care among others. Additionally, Indiana Medicaid and S-CHIP programs rank in the top 10 states on 9 different child and prenatal quality measures.

Lastly, member satisfaction is high for Hoosier Healthwise managed care members in terms of rating of health care and personal doctor, rating of MCE health plan, receiving good customer services, and receiving care quickly.

## **Indiana Medicaid and S-CHIP Enrollment**

The total number of children that are 18 years old or younger that enrolled in Indiana Medicaid and Separate Children's Health Insurance Program ("S-CHIP") has steadily increased over the years. According to the monthly enrollment reports by the Office of Medicaid Policy and Planning ("OMPP"), between September 2013, where there were 636,234 eligible children, and June 2017, where there were 679,978 eligible children, there has been a steady 7% growth rate.<sup>i</sup>

To qualify for Medicaid in Indiana, a child's family income must be less than 158% of federal poverty level ("FPL"), and accounting for allowable disregards this would amount to a maximum annual income of \$40,812 for a family of four. An exception to this general income qualifying rule is that parents of disabled children, who receive home-and-community-based waiver services can have their income disregarded in their child's eligibility determination. Medicaid eligible children do not have any copayments or required premiums to access health care services.

To qualify for S-CHIP in Indiana, a child's family income must be greater than 158% FPL and less than 250% of the FPL, and accounting for allowable disregards this would amount to a maximum annual income of \$61,499 for a family of four. Eligible S-CHIP children do have required premiums that amount to \$70 per month in the upper most tier. S-CHIP children also have small copayments no more than \$10 limited to two service types, emergency transportation and prescription drugs. There are no income rule exceptions to qualify for S-CHIP.

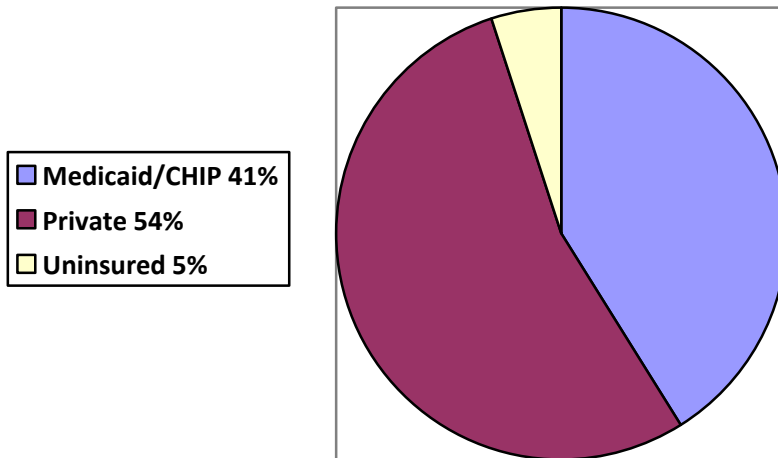
While the overall combined growth rate for children in Medicaid and SCHIP has been a steady 7% over nearly four years, the growth rate in S-CHIP, however, has been much greater. In September 2013, there

were 26,529 eligible SCHIP children. In June 2017, there were 33,037 eligible SCHIP children, accounting for 19.70% growth rate.

### **Uninsured Rate of Children in Indiana**

The growth of Medicaid and S-CHIP children has helped reduce the rate of uninsured children in Indiana. According to the U.S. Census Bureau, Current Population Survey, the uninsured rate for all children in Indiana in 2014 was 7.7%, and this decreased to 5.0% in 2015.<sup>ii</sup>

The chart below shows the insurance status for children across Indiana in 2015.



### **Managed Care**

Indiana Medicaid and S-CHIP is largely a managed care state with over 90% of its children enrolled in managed care, which means that OMPP has private health insurance companies providing statewide coverage to coordinate health care services for its members through risk based contracts.

Hoosier Healthwise is the largest managed care program with four participating managed care entities (“MCE”) who are Anthem, CareSource, MDwise, and Managed Health Services (“MHS”). CareSource is the newest MCE, who began covering children in Hoosier Healthwise on January 1, 2017. The other MCEs have been Hoosier Healthwise insurers for several years. Hoosier Healthwise covered 598,263 Medicaid and S-CHIP children in June 2017.

Hoosier Care Connect is the managed care program for disabled people less than 65 years of age as well as children who are wards or foster children. There are currently two participating MCEs in Hoosier Care Connect, Anthem and MHS. In June 2017, there were 26,333 Medicaid children aged 18 years or younger enrolled in Hoosier Care Connect.

### **Access to Care**

Across Indiana there are over 4,400 total pediatricians that are enrolled through Indiana Health Coverage Programs providing care to the Medicaid and SCHIP populations.

Within Hoosier Healthwise and Hoosier Care Connect, MCEs are contractually required to have two primary medical providers within a 30 mile radius of each of their members, and each MCE is required to provide coverage statewide. Additionally, non-emergent medical transportation is a required service available to Medicaid members who need a ride to their health care appointments if they cannot furnish a ride for themselves.

Over 95% of children continuously enrolled with a Hoosier Healthwise MCE for all of calendar year 2015 received care in either an ambulatory outpatient setting or another type of preventive visit excluding any visits to the emergency department.<sup>1</sup>

### **Quality of Care for Children**

Within the Hoosier Healthwise risk-based contracts, MCEs have financial incentives tied to quality performance measures. Such measures include ensuring that a high percentage of child members attend all regular well-child visits based on a member’s age, have low-rates emergency room visits, and follow-up care after a psychiatric inpatient visit. The measures are based on health effectiveness data information sets (“HEDIS®”) that have been developed and are audited by the National Committee for Quality Assurance (“NCQA”).

Each year, Indiana voluntarily reports on a number Child Core Quality measures to the Center for Medicare and Medicaid Services (“CMS”), where many of the reported measures are based on HEDIS®. States are able to choose the measures they report to CMS. The table below shows ten quality measures that were reported to CMS over a 3-year period from 2013 to 2015. The last column shows where Indiana ranked compared to other states that also chose to report on a particular measure based on calendar year 2014, which is the most recent comparative data for all states that is made available by CMS. Each measure in the table is the combined rate from our participating MCEs (Anthem, MDwise, and MHS) for each year in our Hoosier Healthwise program.<sup>iii</sup>

<b>Measure</b>	<b>CY 2013</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>Nationwide Performance– 2014<sup>iv</sup></b>
<u>Well-Child Visits, First 15 months of Life:</u> 6 or more well-child visits	69.97%	72.9%	72.44%	5th of 45 states Nat. Avg. 58.4%
<u>Well-Child Visits, 3, 4, 5, 6 year:</u> 1 well-child visit per year	73.49%	77.78%	75.09%	9 <sup>th</sup> of 47 states Nat. Avg. 66.6%
<u>Well-Child Adolescent, 12 years to 18 years:</u> 1 well-child visit per year	60.66%	65.14%	63.52%	5 <sup>th</sup> of 46 states Nat. Avg. 46.0%
<u>Body Mass Index (“BMI”) Assessment:</u>	53.18%	57.97%	61.28%	16 <sup>th</sup> of 33 states

<sup>1</sup> Based on sum of 3 participating MCEs in a Child Core Quality Measure reported to CMS for 2016 based on Health Effectiveness Data Information Sets (HEDIS)® measure for Children and Adolescents’ Access to Primary Care.

percentage of children with a primary care visit whose BMI percentile was documented in medical record				Nat. Avg. 45.3%
<u>Childhood Immunization Combo #3<sup>v</sup></u>	66.04%	69.04%	69.12%	16 <sup>th</sup> of 39 states Nat. Avg. – 63.9%
<u>Immunization Adolescents Combo #1<sup>vi</sup></u>	72.41%	86.49%	77.25%	3 <sup>rd</sup> of 38 states Nat. Avg. 65.0%
<u>7-Day follow-up visit after hospitalization for mental illness</u>	59.71%	64.36%	68.51%	9 <sup>th</sup> of 34 states Nat. Avg. 49.1%
<u>30-Day follow-up visit after hospitalization for mental illness</u>	78.30%	80.83%	83.22%	6 <sup>th</sup> of 34 states Nat. Avg. 71.8%
<u>Emergency Department Visits per 1,000 enrollee months</u>	54.6	53.4	46.2	33rd of 39 states Nat. Avg. 44.5

At well-child visits pediatricians perform a comprehensive health check covering health history, physical examinations, immunizations, vision and hearing screenings, developmental/behavioral assessments, an oral health risk assessment, and parenting education as anticipatory guidance on a wide range of topics covering issues that a child and family face that is developmentally consistent based on the age of the child during a particular visit. Indiana ranks high in the nation in ensuring Hoosier children on Medicaid and SCHIP receive these very important visits.

The Emergency Department Visits per 1,000 enrollee months HEDIS® measure is the only measure where Indiana underperforms by having more visits to the emergency department compared to the national average. However, there has been positive trend in seeing this number decrease in each of the three years.

## **Pregnancy Care**

### **Enrollment and Managed Care**

In Indiana, like most of the rest of the country, nearly 50% of all babies are born to pregnant women on Medicaid. To qualify for Medicaid, a woman must have income less than 208% FPL, which accounting for allowable disregards amounts to either an annual income of \$35,469 for a single pregnant woman and her unborn child or \$53,727 for a woman with two other family members and her unborn child.

The vast majority of pregnant women over 85% receive care through an MCE. Nearly 80% of all births are to mothers on Hoosier Healthwise. Additionally, the Healthy Indiana Plan (“HIP”) can also cover pregnant women, and the same MCEs that participate in Hoosier Healthwise participate in HIP.

### Quality of Pregnancy Care

Within the Hoosier Healthwise and HIP risk based managed care contracts with the MCEs are financial incentives tied to performance measures, where some are specific to pregnancy care. The measures are based on health effectiveness data information sets (“HEDIS®”) that have been developed and are audited by the National Committee for Quality Assurance (“NCQA”).

As part of its reporting on the Child Core Quality measures, OMPP reports pregnancy related HEDIS® measures. The table below shows three quality measures that were reported to CMS over a 3-year period from 2013 to 2015. The last column shows where Indiana ranked compared to other states that also chose to report on a particular measure based on calendar year 2014, which is the most recent comparative data for all states that is made available by CMS. Having higher numbers for “Timeliness of Prenatal Care” and “Frequency of Ongoing Prenatal Care” earned Indiana in having higher rankings for compared to other states who reported on those measures. Whereas, having the lowest percentage of low-birth weight newborns had Indiana rank first among the reporting states for the last measure. Each measure in the table is the combined rate from our participating MCEs (Anthem, MDwise, and MHS) for each year in our Hoosier Healthwise program.<sup>vii</sup>

Measure	CY 2013	CY 2014	CY 2015	Nationwide Performance – 2014 <sup>viii</sup>
<u>Timeliness of Prenatal Care</u> : first prenatal visit is made within first 45 days of assignment or first trimester, whichever is earlier	90.92%	90.16%	89.78%	4 <sup>th</sup> of 37 states Nat. Avg. 78.4%
<u>Frequency of Ongoing Prenatal Care</u> : (woman attends >81% of expected visits based on when in course her pregnancy did enrollment begin)	75.49%	78.6%	79.95%	3 <sup>rd</sup> of 29 states Nat. Avg. 62.3%
<u>Low-Birth Weight</u> : (newborn weighing less than 2,500 grams after birth)	6.4%	6.9%	6.5%	1 <sup>st</sup> of 25 states Nat. Avg. 9.1%

### Indiana Medicaid Infant Mortality

In 2014, there were 45,612 babies that were born on Indiana Medicaid. Of those, 363 babies died before their first birthday making the Indiana Medicaid Infant Mortality rate 7.96 per 1,000 births.

In 2015, there were 45,320 babies that were born on Indiana Medicaid. Of those, 327 babies died before their first birthday making the Indiana Medicaid Infant Mortality rate 7.22 per 1,000 births.

The difference of the Indiana Medicaid infant mortality rates between the two years accounts for a 9.3% improvement.

## **Member Satisfaction**

Each year, an independent survey is conducted with Hoosier Healthwise managed care members to measure their satisfaction with their care and with their health plan.

In this past year's survey, all three Hoosier Healthwise MCEs maintained high scores with all MCE's scoring 85 percent or higher in each major category, for example: <sup>ix</sup>

- The three MCEs scored 87 or 88 on Rating of Health Care and Rating of Personal Doctor
- The scores for Rating of Health Plan were 87 percent for MDwise, 88 percent for MHS and 89 percent for Anthem
- Near 90 percent of respondents stated that they "usually" or "always" received good customer service from the MCEs
- Over 90 percent of respondents stated that they "usually" or "always" received care quickly.

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<sup>i</sup> <http://www.in.gov/fssa/ompp/4881.htm>

<sup>ii</sup> Kaiser State Health Facts, <http://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22indiana%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>iii</sup> Child Core Set quality measures for each year. <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

<sup>iv</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2016-child-chart-pack.pdf>

<sup>v</sup> The Childhood Immunization Status Combination #3 was the most common reported HEDIS<sup>®</sup> combination of vaccines among the states reporting to CMS for calendar year 2014. It shows the rate of children that received each of the following vaccines DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV.

<sup>vi</sup> The Immunization Status for Adolescents HEDIS<sup>®</sup> measure reports the percentage of children who had the meningococcal and Tdap/Td vaccines by their 13<sup>th</sup> birthday.

<sup>vii</sup> Child Core Set quality measures for each year includes some prenatal care HEDIS<sup>®</sup> measures. <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

<sup>viii</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2016-child-chart-pack.pdf>

<sup>ix</sup> Independent Evaluation of Indiana Children's Health Insurance Program, Burns' & Associates, Inc., Health Policy Consultants, April 1, 2017, page iii, [http://www.in.gov/fssa/files/independent%20evaluation%20for%20chip%20\(april%202017\).pdf](http://www.in.gov/fssa/files/independent%20evaluation%20for%20chip%20(april%202017).pdf)