

Healthy Indiana Plan 2.0

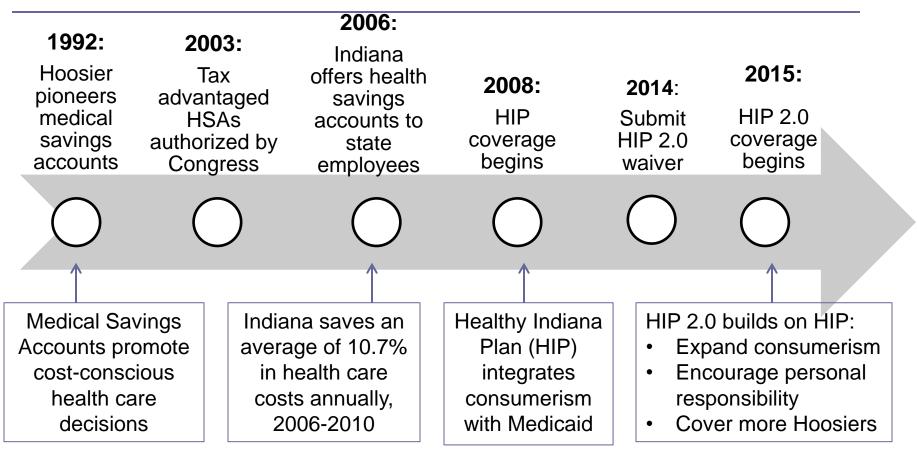






Hoosier Innovation: Health Savings Accounts

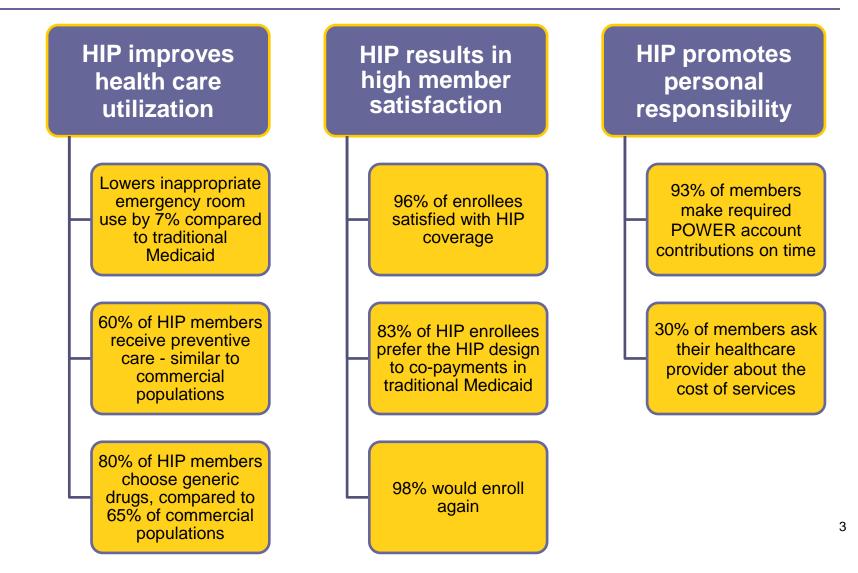




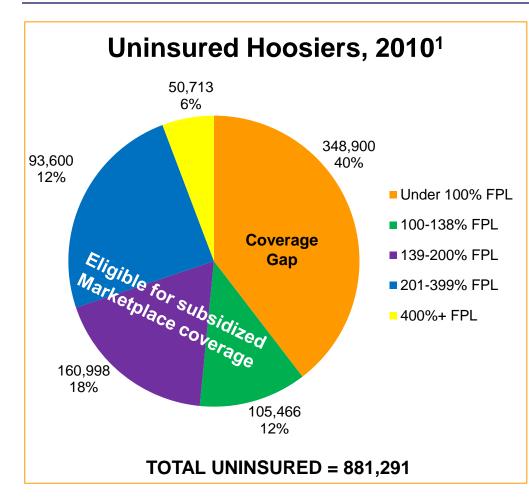
In 2013, 420,000 Hoosiers were enrolled in HSAs. This represents 9% of insured individuals – higher than the national average.



HIP Success



State of the Uninsured in Indiana



How do the Federal Poverty Levels translate to annual income? - 2013

FPL ²	Individual	Family of 4
Under 100%	< \$11,490	< \$23,550
100-138%	\$11,490-15,970	\$23,550-32,734
139-200%	\$15,971-23,094	\$32,735-47,335
201-399%	\$23,095-45,959	\$47,336-94,199
400%+	> \$45,960	> \$94,200

Indiana Uninsured: 13.6% in 2010

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

2. Office of the Assistant Secretary for Planning and Evaluation. (2013). 2013 Poverty Guidelines. Retrieved from http://aspe.hhs.gov/poverty/13poverty.cfm.

HIP 2.0 Structure

 Replaces traditional Medicaid for non-disabled adults

Three pathways to coverage

- HIP Link: NEW defined contribution plan that helps pay for employer-sponsored health insurance
- HIP Plus: Current program with enhanced benefits including dental and vision
 - Reduced non-payment lock-out period: 6 months instead of 12 months
 - Only option for individuals above 100% FPL
- **HIP Basic:** Allows individuals below 100% FPL who do not make POWER account contributions to maintain coverage



New Affordable Contributions

HIP 2.0 POWER Account Contributions

FPL	Monthly Income Single Individual	Monthly Contribution		
<22%	\$214	\$3		
23%-50%	\$224 to \$487	\$8		
51%-100%	\$496 to \$973	\$15		
101%-138%	\$983 to \$1,342	\$25		

Employers & Foundations may assist with contributions

HEALTHY INDIANA PLAN VERSION 2.0



HEALTHY INDIANA PLANSM Health Coverage = Peace of Mind







HIP Plan Comparison

	HIP Link	HIP Plus	HIP Basic	Medically Fragile
Covered Groups	 Optional for individuals with access to cost- effective employer- sponsored insurance Exception: Medically fragile 	 Income up to 138% FPL Consistent POWER account contributions 	 Income below 100% FPL Fail to make POWER account contribution 	 High cost individuals including substance abuse & significant mental health issues Very low income parents Pregnant women
Cost- sharing	Enhanced POWER account can be used for premiums, co- payments, or deductibles	 POWER account contributions No Other Copayments, except: Non-emergency ED visit: \$25 	Co-payments for <i>all</i> services: More expensive than HIP Plus	 Co-payments or POWER account contribution Exception: Pregnant women are exempt from cost-sharing
Benefits	 Employer Plan Benefits 	 Comprehensive medical benefits incl. maternity Vision & dental benefits Increased service limits Comprehensive drug benefit 	 Comprehensive medical benefits incl. maternity Lower service limits Limited drug benefit 	 Comprehensive medical benefits incl. maternity Current Medicaid benefits as required by federal law Enhanced behavioral health services 8

Ensuring Access for all Medicaid Participants to Improve Outcomes

Maintain Medicare payment rates to support a high-quality provider network in HIP - including higher payments for maternity care to improve birth outcomes

Increase provider reimbursement in the current Medicaid program to ensure access for the most vulnerable Hoosiers - aged, blind, disabled and children

Family Coverage option: Parents can enroll their children in employer –sponsored coverage or Marketplace plans

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



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

Indiana hospitals will help support costs to expand HIP 2.0

Waiver specifies HIP 2.0 continuity requires:

-Enhanced federal funding

-Hospital assessment program approval

Hospital Assessment Fee (HAF) Background

✓ HAF authorized in 2013

- Assessed against all licensed acute hospitals and private psych hospitals
- Designed to increase hospital inpatient and outpatient reimbursement to align with Medicare payments rates
- State maintains 28.5% of HAF to cover Medicaid costs
- HAF Board oversees assessment formula
 - 2 Hospital Association Members
 - 2 State Appointees

State & IHA Term Sheet

- Annual Cigarette Tax Revenues are used first for HIP expansion
- Starting in 2017, recalculate HAF fund such that State HAF portion is sufficient to cover:
 - Cost of HIP expansion, including all administrative costs with cap
 - Cost of increasing provider reimbursement in current Medicaid program to 75% of Medicare rates.
 - Annual Contribution of \$50M to Medicaid program
 - Divert HCI funding
 - \$12M to HIP Trust Fund & together with current Trust Fund balance assures 1-year of operational costs

Total Cost of HIP Expansion (State and Federal)

	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	SFY 20	TOTAL
Federal Portion	\$1,596.3	\$2,836.1	\$2,854.2	\$2,949.7	\$3,066.7	\$3,160.4	\$16,463.4
State Portion	\$151.7	\$100.7	\$187.8	\$284.7	\$328.7	\$408.5	\$1,462.1
TOTAL Cost of HIP 2.0	\$1,748.0	\$2,936.8	\$3,042.0	\$3,234.4	\$3,395.4	\$3,568.9	\$17,925.5

HIP 6 - Year State Budget SFY 2015-2021

REVENUE	
Cigarette Tax Revenue	\$ 676M
HAF Revenue	\$ 959M
Total Revenue	\$1,635M
COSTS	
HIP Expansion Costs	\$1,462M
(Admin & Provider Rate Increase in Medicaid)	
Contribution to Medicaid & HIP Trust Fund	\$ 173M
Total Costs	\$1,635M

Current & Projected HAF

	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	SFY 20	TOTAL
Projected HAF on current program	\$889.4	\$941.4	\$979.2	\$993.0	\$1,046.5	\$1,134.6	\$5,984.1
New HAF	-	-	\$125.2	\$222.1	\$266.1	\$345.9	\$959.3

Projected Average Monthly Enrollment

500,000 457.739 445,186 451,419 450,000 433,918 400,000 359,612 350,000 300,000 250,000 Projected Average 200,000 193,573 Monthly Enrollment 150,000 100,000 50,000 SFY SFY SFY SFY SFY SFY 2015 2016 2017 2018 2019 2020

Projected Average Monthly Enrollment

Next Steps

Post HIP 2.0 waiver for public comment

Finalize waiver based on public input Submit waiver to CMS in June 2014 Potential HIP expansion in 2015, based on timing of federal approval