



HIP Waiver Extension Application Public Notice and Comment Summary

The State held public hearings for this three-year HIP waiver extension application pursuant to the requirements set forth at 42 CFR 431.408. The notice was posted on the agency's website at the web address of the HIP program homepage: HIP.in.gov, as well as formally published in the Indiana Register on December 21, 2016. In addition, the Indiana Family and Social Services Administration sent electronic notification of the extension application to the agency's stakeholder distribution list. The public notice provided the option for any individual, regardless of whether he or she attended the public hearing, to submit written feedback to the State by email or by USPS mail. Electronic copies of all documents related to the HIP waiver extension application were also available on the HIP website.

In addition, the State initiated consultation and provided notice of the HIP waiver extension application and its contents to Indiana's federally recognized Indian tribe, the Pokagon Band of Potawatomi Indians, on December 2, 2016. The notice and opportunity for consultation was provided in accordance with 42 CFR 431.408(b). Following the 30-day comment period, the State received no comments or requests for additional consultation from members of the tribe.

Public hearings regarding the waiver were conducted on January 4, 2017 and January 5, 2017, as scheduled and publicized, at the Indiana Government Center Conference facilities and at the Indiana State Library. Three individuals testified regarding the HIP extension proposal on January 4, 2017, and eleven (11) individuals testified on January 5, 2017. Many of the individuals who testified later provided a written copy of their testimony. A court reporter transcribed both hearings. The January 4, 2017 hearing was also made available to the public statewide via a live, free webcast.

On January 5, 2017, in addition to holding a public hearing, FSSA presented this waiver extension application to the Medicaid Advisory Committee, the State's Medical Care Advisory Committee that operates in accordance with 42 CFR 431.12. Also, pursuant to state law, the waiver extension application will also be presented to the Indiana Budget Committee in 2017 prior to implementing any revisions to the HIP waiver.

The State received a total of 32 public comments, both written and verbal, during the 30-day public comment period. The below summary combines the testimony offered at the public hearings as well as the comments received via mail and email.

10.1 Summary of Public Comments

The vast majority of the comments were supportive of the HIP waiver extension application, and there were no comments opposing the State's submission of the extension application. Many commenters shared support for several of the proposed program enhancements contained in the application, including the tobacco cessation initiative and other initiatives aimed at improving health outcomes. For example, the Indiana State Medical Association (ISMA) praised the State's efforts to address chronic disease management, SUD and tobacco cessation, noting that these areas are also a focus of ISMA and other interested groups throughout the State through the Alliance for a Healthier Indiana.

The majority of commenters were particularly enthusiastic to write in support of the SUD initiative, particularly the addition of SUD services for Medicaid members and expansion of access to qualified providers through seeking a waiver of the IMD exclusion. Over 50% of the comments received included positive comments regarding the steps the State is taking to address the opioid epidemic in Indiana through this waiver extension application. Several commenters, comprised of impacted providers, requested clarification regarding the scope of the IMD exclusion waiver, such as detailing covered services, defining the application of the 30-day limit, and clarifying eligible providers.

Several commenters also expressed appreciation of the aspects of the program that will remain intact, specifically the key design features of the program that continue to promote personal responsibility and consumerism. As Indiana University Health, one of the nation's busiest hospital systems, wrote, POWER accounts "empower [members] to demand price and quality transparency as they make cost-conscious health care decisions." Members of the healthcare community, including the Indiana Hospital Association, the Indiana State Medical Association, some of the state's largest hospital systems, and some of the state's managed care entities (MCEs) expressed support for the HIP program as an innovative, consumer-driven approach to expanding coverage. Some of these organizations praised HIP's ability to decrease use of the emergency department, increase use of preventive care, and improve consumer behavior. Members of the healthcare community also continue to support HIP's higher provider reimbursement rates and the associated decrease in cost-shifting to the private market.

A couple of commenters noted a general preference for HIP compared to no Medicaid expansion, but also expressed a desire for greater administrative simplification, particularly around the POWER account process. The State also received a few comments from individuals noting concern with reestablishment of a HIP open enrollment period. While several commenters praised the tobacco cessation initiative, two of those commenters expressed concern with inclusion of the surcharge for known tobacco users. Additionally, the State received suggestions (two comments) to expand coverage for non-emergency medical transportation.

The MCEs currently serving HIP members commented that members seem to take pride in paying their monthly contributions. These entities continue to support HIP's consumer oriented program, and indicated that HIP's member responsibility provisions positively contribute to member health outcomes. The MCEs note HIP members have lower emergency room use and lower inpatient admissions and are more likely to complete recommended preventive services when compared to traditional Medicaid members. The plans all praised the State for its focus on improving the program with the program enhancements included in this application. One of the health plans recommended that the State consider permitting "ASAM aligned criteria," rather than specifically mandating the use of ASAM criteria, as it would allow greater flexibility for the State to quickly incorporate various innovations in SUD care ahead of formal adoption by the professional society.

10.2 State Response & Summary of Revisions

The State appreciates all comments received either during a public hearing or shared with the State in writing. The majority of the comments received did not include suggested revisions to the waiver extension, so the State has not addressed individual comments. However, the State has reviewed all comments in depth and will consider many of the comments in its discussions

with CMS and in context of the program evaluation and outcomes data related to HIP's design features and the impact on the goals of the program.

The State has made the following revisions and clarifications to the application as a result of the public comment period.

1. ASAM. Based on concerns raised by one of the managed care entities, the State clarified that new SUD services will be provided based on ASAM or other ASAM-aligned criteria approved by the State.
2. Emergency Department Copayments. Based on a request for clarification, the State revised Section 4.6.2 of the waiver application to clarify its request to extend the current HIP copayment policy for non-emergency use of hospital emergency departments. Specifically, based on the favorable data to date and pending the results of the formal study, the State seeks to make this policy permanent for the duration of the extension period.
3. Substance Use Disorder. Due to several requests for clarification, the State removed the tables in Section 6.2.3 of the waiver application, which specifically listed existing IMD facilities throughout the state. The new reimbursement opportunity for IMDs is not limited to the facilities previously included on the tables, but rather will be available to any properly licensed facility that meets the Medicaid provider requirements. In addition, language was added to clarify that the IMD exclusion will allow reimbursement for short term residential stays for Medicaid eligible adults with an SUD diagnosis, including those with a dual SUD and mental health diagnosis.
4. New Rollover Data. Following the initial posting of this waiver extension application, the State received preliminary data related to the utilization of the rollover program feature. The waiver application was amended to reflect this newly available program data.

Other than the addition of the content of Section 10 of this application summarizing the public comment period, as well as the substantive changes identified above, this application is identical to the copy of the application initially posted on the FSSA website on December 21, 2016.