Healthy Indiana Plan (HIP) Waiver Renewal

1. **I thought HIP was already approved? What does this renewal mean?**

   At least every three years, Indiana must apply to the federal government to renew HIP. For the fifth time since HIP began, HIP coverage has been granted a long term extension. This means that HIP can continue to provide quality health care for Hoosiers.

   The renewal also adds enhanced substance use disorder services and approximately $80 million in annual funding for inpatient and residential addiction treatment to help battle opioid epidemic – not only for HIP members, for all Indiana Medicaid members.

2. **What will change for current HIP Members?**

   Current HIP members will continue their coverage without interruption but will see some changes. Monthly member contributions have been simplified so that members will now pay one of five contribution amounts ranging from $1 to $20 dollars. Members will find their new contribution amount on their monthly invoices from their health plans.

   In addition, POWER Accounts, deductibles and member's health plan choices are now done according to the calendar year for all members.

   Pregnant members will stay in HIP when pregnant and move into HIP Maternity instead of having to leave HIP for another program temporarily. As previously, there will be no cost sharing and enhanced benefits for pregnant members.

3. **What are the new substance use disorder services?**

   Until now, because of outdated federal rules, many hospitals that are focused on treating mental health or addiction have not been able to accept HIP or Medicaid members. OR, they've had to self limit the number of beds that are available for addiction treatment.

   Now we will be able to allow HIP *and* Medicaid members to access these facilities.

   Some of these facilities offer inpatient treatment for people who have significant medical issues that need to be controlled due to their addiction, while other facilities will be available for individuals who need "residential" treatment -- a safe environment for a period of time to help get their addiction under control.

   For our members, this is about giving them access to more hospitals and other facilities to help them recover from their addictions as well as expanding access to recovery opportunities in their communities.

   Members in need of addictions treatment services should call our addictions hotline at 800-662-HELP, or access our new addictions treatment locator found under the treatment tab on Indiana's NextLevel Recovery website.

4. **When do these changes go into effect?**

   FSSA has worked closely with the Centers for Medicare and Medicaid Services during the renewal process. Changes that streamline the program for members have already been

implemented. Expanded inpatient treatment for substance use disorder is available starting February 1, 2018. Residential treatment for substance use disorder will be available starting March 1, 2018.

5. **How is Gateway to Work being expanded?**

   The Healthy Indiana Plan includes a program called Gateway to Work, which helps connect HIP members with job training and search assistance, or other education, community engagement or work opportunities. Beginning in 2019, unless a HIP member falls into one of several exempt categories, the member will be required to work, go to school, volunteer or participate in other qualifying activities up to 20 hours a week.

6. **What are the exemptions?**

   Exempt members include adults over 60, pregnant women, medically frail, people being treated for Substance Use Disorder, TANF/SNAP recipients, caregivers of a dependent child under the age of 7 or a disabled dependent, and individuals with a severe temporary illness.

7. **What will members need to do?**

   There will be a total of 16 types of qualifying activities that will count toward meeting a member's participation requirement. These include work, job skill development, job search, education and vocational training, caregiving, volunteerism and homeschooling.

   The program will begin in 2019, but for the first six months the required hours will be zero to help orient members to the program. Starting in July of 2019, a member will need to be participating in any of the 16 qualifying activities for at least five hours a week. These requirements increase over the next year to 20 hours a week by July 2020. Members required to participate will need to meet these requirements for at least eight out 12 months in a calendar year.

8. **What will happen to people who already work, caregiver or volunteer?**

   HIP members who currently participate in activities that qualify for Gateway to Work will get credit for those activities.

9. **How are members going to report their Gateway to Work activities?**

   Gateway to Work will have a member portal that will allow members to enter their activities and submit their documentation online. Members who need it will have assistance with reporting over the phone.

10. **What happens if a member doesn't meet their requirements?**

    If a member does not meet the requirements for a calendar year, they will remain eligible, but their coverage will be suspended starting in January of the next calendar year. Coverage would be reinstated after one month of meeting the requirements.

We will finish designing the program over the next year thoughtfully and will communicate it clearly. Meetings will be held with our team around the state so members and stakeholders can learn more. Anyone interested in receiving periodic email updates can email HIP2.0@fssa.in.gov and request to be added to our stakeholder outreach list.

11. **Does the Gateway to Work requirement apply to a household or an individual? Can only one adult lose their HIP or does the entire household?**

    Eligibility for HIP is determined individually for each adult member rather than for the entire household. Likewise, each member will be individually reviewed for and independently participate in Gateway to Work. If one member of a household is required to participate in the Gateway to Work program and has his or her coverage suspended, other members will not be impacted.