



Thursday, May 29th, 2014

Indiana - HIP 2.0 Expansion

On Thursday, May 29th I participated in the 2nd comment period hearing at the Indiana Statehouse. There were approximately 40 people, not including news/media that attended to listen and 7 people shared their formal statements praising the HIP 2.0 expansion and the impact it could have on their patient population. CEO's from AARP, Fairbanks, the Indiana Hospital Association had prepared statements they read to the group. These public comment sessions are recorded both visually and by court reporter. I introduced myself and stated my role with the IMGMA and as CEO of a private OBGYN practice and shared concern for the vague pregnancy coverage definitions and trumpeted the concern others had regarding the proposal to prohibit people from applying for HIP for 6 months if they were previously enrolled but failed to make the required contribution into their POWER account.

I also spoke about the administrative concerns that physician offices face with correctly identifying Medicaid participants and determining which plan and delivery system they are in. With 3 new versions of HIP potentially on the table, it adds to the administrative burden and revenue cycle impact with filing claims to the wrong entities or being denied (after services rendered) if providing services for a member who is out of network or who is not actively engaged in the enrollment process.

Governor Pence's administration has spent a significant amount of time on this proposal and I can't imagine CMS denying the plan(s) at this point. I would encourage you to

participate in the discussion. The link below takes you straight to the page to submit and review the proposal. You have until June 21st to submit comments.

Jocelyn Forehand

IMGMA legislative liaison

<http://www.in.gov/fssa/hip/2443.htm>

Helpful comments from the ISMA explaining HIP 2.0:

You have until June 21 to comment on the proposed expansion of the Healthy Indiana Plan (HIP) announced by Gov. Mike Pence last month. Once the public comment period is complete and the waiver is finalized, HIP 2.0 will be formally submitted to the Centers for Medicare & Medicaid Services (CMS). The application deadline ends in June.

“The ISMA supported HIP when it began in 2008,” explained Mike Rinebold, director of Government Relations. “Right now, we are calling physicians to action to comment on this expanded plan.”

HIP 2.0 would replace traditional Medicaid for all non-disabled adults ages 19-64 with incomes up to 138 percent of the federal poverty level, adding 350,000 Hoosiers to the plan. It also would reimburse physicians at 100 percent of the higher Medicare rates and increase reimbursement for care of the aged, blind and disabled from 60 percent to 75 percent of Medicare rates.

If accepted by CMS, Indiana will be the first and only state to successfully apply low-cost insurance and a health savings account to a Medicaid population.

HIP 2.0 offers three plans:

- Employer Benefit Link** that supports participation in employer-sponsored insurance plans, provides greater choice and increased access to providers, while encouraging use of existing private insurance options.

•**HIP Plus** that is based on a health savings account and offers an enhanced benefit plan to cover dental and vision care. It incentivizes enrollees to contribute monthly to their POWER account.

•**HIP Basic** is available to those below the 100 percent poverty level. The plan provides all essential health benefits but does not include vision and dental care. It also requires co-payments for all services

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