
OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Notice of Public Hearing

In accordance with 42 CFR §431.408(a)(2)(ii), the Indiana Family and Social Services Administration (FSSA) will be holding public hearings and taking public comments on an emergency Section 1115 waiver amendment approved by the Centers for Medicare and Medicaid Services (CMS) on July 26, 2022, that allows for continuation of the current Healthy Indiana Plan (HIP) payment policy through December 31, 2023.

HIP has been a feature of Indiana's Medicaid program since 2008. The current waiver provides authority for HIP to continue through December 31, 2030. Based on statutory mandate, the HIP program has always paid providers at Medicare rates. In response to the final managed care rule published in November 2020 which disallows paying higher rates in programs where the federal financial participation is higher, FSSA requested an emergency Section 1115 waiver amendment to continue paying at Medicare rates through December 31, 2023. The CMS approval of the emergency waiver amendment provides FSSA this authority through December 31, 2023, and allows adequate time to align and equalize physician and ancillary services rates between Medicaid fee-for-service (FFS), Medicaid managed care, Hoosier Healthwise, and HIP to comply with the final federal managed care rule.

By January 1, 2024, FSSA intends to equalize rates between HIP, Hoosier Healthwise, Hoosier Care Connect, and FFS to ensure that reimbursement does not vary by program. In general, this will mean that physician and ancillary rates decrease in HIP and increase in other programs. Prior to that point, the approved COVID-19 Public Health Emergency (PHE) Demonstration waiver amendment provides emergency authorization as requested as follows:

- **Expenditure Authority** – The approved waiver amendment provides expenditure authority allowing the state and its managed care organizations to vary reimbursement rates for physician and ancillary services in HIP in comparison to other Medicaid managed care programs to maintain capacity during the PHE. This expenditure authority is effective January 1, 2021, and applies for the full duration of rating periods that begin or end during the COVID-19 PHE and up to six months post COVID-PHE, but will not extend beyond December 31, 2023.

This notice initiates the 30 day public comment period beginning on August 3, 2022, and provides opportunities for in-person comment at two public hearings as described below. Emergency Section 1115 waivers require completion of the public comment process following CMS approval. This public comment period is in alignment with the full Section 1115 transparency requirements and the requirements contained in the emergency approval.

Hearings will be held as follows:

1. Medicaid Advisory Committee Meeting Day 2 on August 24, 2022, at 1 p.m., accessible at FSSA's YouTube site: <https://www.youtube.com/channel/UCVVvNG3e1fW4gf8ZZYoZNVg>.
2. In-person and virtual public hearing August 29, 2022, 10 a.m. – noon, at the Indiana Government Center South Auditorium, 302 West Washington Street, Indianapolis, Indiana. This hearing will also be accessible at FSSA's YouTube site: <https://www.youtube.com/channel/UCVVvNG3e1fW4gf8ZZYoZNVg>.

All information regarding the approved waiver amendment, including the public notice, the HIP waiver amendment, the approval letter, and other documentation regarding the amendment are available for public review at the FSSA, Office of General Counsel, 402 West Washington Street, Room W451, Indianapolis, Indiana. The full Public Notice is available to be viewed at <https://www.in.gov/fssa/hip/newsroom/public-notices/>, and HIP waiver documents are available to be viewed online at <https://www.in.gov/fssa/hip/about-hip/hip-documents-and-resources/>.

Written comments may be sent to the FSSA via mail at 402 W. Washington Street, Room W374, Indianapolis, IN 46204, Attention: Lynne Mong, or via electronic mail at Spacomment@fssa.in.gov through **September 2, 2022, at 5:00 p.m.**

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