

**America's Health
Insurance Plans**

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Washington, DC 20004

202.778.3200
www.ahip.org



September 19, 2014

Centers for Medicare & Medicaid Services

Re: Public Comment Opportunity – Healthy Indiana Plan 2.0

To Whom It May Concern:

We are writing to express our support for the agency encouraging the development of innovative state initiatives that provide enhanced coverage for low-income Americans. Specifically, the HIP 2.0 initiative is of significant interest to our member health plans who already are participating in the Indiana Medicaid program, as well as our entire community of health plans who have worked with other states to provide services to Medicaid beneficiaries.

Across the country data show the health, social, and economic advantages of providing access to health care to Medicaid beneficiaries. Recent research demonstrates that individuals enrolled in a program that expands access to health care benefits had lower medical debt, and better self-reported physical and mental health compared to similar individuals who did not have coverage.¹

State-driven innovations have been the catalyst for changes that have expanded access to health care services and improved health care delivery for low-income individuals. As important progress is being made across the country, we believe that it is critical that the agency continue to encourage states to design innovative programs that expand coverage to low-income populations.

We strongly support the reliance in the HIP 2.0 program on health plans to provide coverage to enrollees in a high quality, cost-effective manner. Medicaid health plans have a demonstrated track record of being effective partners with states to expand coverage to low-income populations. Numerous studies document Medicaid health plans outperform fee-for-service (FFS) systems by ensuring benefit coverage through better access to providers and services and assuring the seamless coordination of health care services across the continuum of care².

¹ Finkelstein, Amy et.al. "The Oregon Health Insurance Experiment: Evidence from the First Year". National Bureau of Economic Research Working Paper 17190 (July 2011)

² For example, see David Mancuso, PhD, Melissa Ford Shah, MPP, Barbara Felver, MPA, MES, and Daniel Nordlund, PhD., Washington Medicaid Integration Partnership: Medical Care, Behavioral Health, Criminal Justice, and Mortality Outcomes for Disabled Clients Enrolled in Managed Care, Research and Data Analysis Division, Washington Department Social and Health Services, December 2010 and Robert Lloyd, Minnesota Health Care Program Racial Disparities in Healthcare Utilization Monitoring Report, December 2010. Minnesota Department of Human Services, December 2010

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Additional research provides compelling evidence that Medicaid health plans can reduce state Medicaid expenditures by providing high quality health care³. These results explain why over half of all Medicaid beneficiaries are currently enrolled in Medicaid health plans, and states are increasingly working with these organizations to meet the needs of low-income populations including Medicaid Expansion populations and individuals with disabilities and complex needs.

Thank you for your consideration of our input as you review Indiana's proposal, and we look forward to continuing to work with CMS and states to support and strengthen the Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Hamelburg". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Mark Hamelburg
Senior Vice President, Federal Programs

³ The Lewin Group. *Medicaid Managed Care Cost Savings: A Synthesis of 24 Studies*. (March 2009)