



HIP 2.0 extension waiver quick facts

What is happening with HIP 2.0?

On January 31, 2017, the state of Indiana submitted an [1115 demonstration waiver extension application](#) to the US Centers for Medicare and Medicaid Services (CMS) to continue the Healthy Indiana Plan for another three year period from February 1, 2018 to January 31, 2021.

Why is this happening?

In order to operate an alternative program to traditional Medicaid, states must receive approval from CMS. The three-year waiver allowing the current version of the Healthy Indiana Plan, or “HIP 2.0,” is scheduled to expire on January 31, 2018. With this extension, Indiana seeks to continue the successful HIP program as it is currently operated for an additional three years but with several program enhancements.

This next iteration of the Healthy Indiana Plan will add more of what HIP does best – adding value for members who choose to engage in their health and incentivizing good, healthy choices.

What does this mean to me?

If you are a HIP member, nothing will change until at least February 1, 2018. You should continue to make contributions to your POWER Account, and receive preventive care as recommended by your health plan. If any changes are made to the Healthy Indiana Plan in the future that would impact you, you will receive notices from the state and your health plan.

Is HIP 2.0 changing?

The state intends to maintain the core elements of HIP 2.0, including the ability for members to contribute to their care and participate in HIP Plus. HIP 2.0 will continue to discourage unhealthy lifestyle choices that drive up the cost of health care while providing even more incentives for members to receive preventive services. However, this new waiver includes several program enhancements. With added emphasis being placed on tobacco cessation and substance use disorders, chronic disease management and increased employment, the Healthy Indiana Plan continues to evolve to address the most pressing health and economic needs of low-income Hoosiers. Specifically, this waiver will add new benefits for members struggling with addictions, including residential treatment services and addiction recovery management. It will also expand access to providers, allowing recipients to access the new substance use disorder services at more locations and new treatment centers throughout the state.

When would I be able to access the new covered services?

HIP members already have access to robust smoking cessation and substance use disorder services and should contact their health plans with any questions about what’s currently available to them. The new enhancements including residential treatment services would be available beginning in 2018.

What if Obamacare is repealed?

HIP 2.0 will continue through the next year and, pending approval of this waiver extension, for another three years beyond that. The state of Indiana doesn’t anticipate any disruptions in coverage. Some federal proposals seek to utilize different mechanisms for funding for Medicaid to the states. If this were to happen, the state of Indiana anticipates using its federal funding to continue to operate HIP 2.0.

What are our next steps?

Now that the waiver is submitted, there will be a 30 day federal public comment period after which the state will hold discussions with CMS on the waiver and the future of HIP 2.0.