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*Medicaid Advisory Committee  
Special Meeting: HIP Annual Status Update*

*August 31, 2017*

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# Presentation Overview

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- ❖ Program Basics Refresher
- ❖ Enrollment Summary
- ❖ Annual Operations Review

# HIP Goals

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Goal 1: Reduce the Number of Low-income, Uninsured Indiana Residents and Increase Access to Healthcare Services

Goal 2: Promote Value-based Decision Making and Personal Health Responsibility

Goal 3: Promote Disease Prevention and Health Promotion to Achieve Better Health Outcomes Goal

Goal 4: Promote Private Market Coverage and Family Coverage Options to Reduce Network and Provider Fragmentation within Families Goal

Goal 5: Provide HIP Members with Opportunities to Seek Job Training and Stable Employment to Reduce Dependence on Public Assistance

# HIP Basics

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## Who is Eligible?

- Indiana residents ages 19 to 64
- income **under 138%** of the federal poverty level (**FPL**)
- who are not eligible for Medicare or otherwise eligible for Medicaid

## **HIP Plus: Initial plan selection for all members**

**Benefits:** Comprehensive coverage with enhanced benefits, including vision, dental, bariatric, and broader pharmacy formulary

**Cost sharing:** Monthly POWER account contribution required

Contribution is 2% of income with a minimum of \$1 per month

Copayments only for inappropriate ER use

## **HIP Basic: Only open to members below 100% FPL**

**Benefits:** Minimum coverage, no vision or dental coverage

**Cost sharing:** Must pay copayments for services. \$4-\$8 for prescriptions, \$4 for doctor visits, \$8-\$25 for ER use, and \$75 for hospital stays.

## **HIP State Plan: Only open to members who are Medically Frail or LIPC**

**Benefits:** Mimic traditional Medicaid

**Cost sharing:** Can be Plus or Basic depending on enrollment. Cost sharing mimics Plus or Basic.

# Enrollment



FPL	Basic				Plus					
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	Total	Percentage
<5%	41,242	33,274	<b>74,516</b>	40.3%	57,346	53,007	<b>110,353</b>	59.7%	<b>184,869</b>	46.2%
5-22%	3,851	1,135	<b>4,986</b>	36.4%	5,467	3,231	<b>8,698</b>	63.6%	<b>13,684</b>	3.4%
23-50%	5,062	8,252	<b>13,314</b>	37.7%	7,182	14,801	<b>21,983</b>	62.3%	<b>35,297</b>	8.8%
51-75%	5,434	12,116	<b>17,550</b>	36.9%	8,184	21,798	<b>29,982</b>	63.1%	<b>47,532</b>	11.9%
76-100%	4,959	13,001	<b>17,960</b>	33.8%	8,752	26,495	<b>35,247</b>	66.2%	<b>53,207</b>	13.3%
<101%	60,548	67,778	<b>128,326</b>	38.4%	86,931	119,332	<b>206,263</b>	61.6%	<b>334,589</b>	83.6%
101-138%	4,017	4,998	<b>9,015</b>	14.7%	12,805	39,500	<b>52,305</b>	85.3%	<b>61,320</b>	15.3%
>138%**	1,754	53	<b>1,807</b>	39.8%	2,487	249	<b>2,736</b>	60.2%	<b>4,543</b>	1.1%
<b>Grand Total</b>	<b>66,319</b>	<b>72,829</b>	<b>139,148</b>	<b>34.7%</b>	<b>102,223</b>	<b>159,081</b>	<b>261,304</b>	<b>65.3%</b>	<b>400,452</b>	<b>100.00%</b>

\*\*Those over 138% FPL are TMA or in the appeals process

\*As of August 23, 2017

# Enrollment: Key Indicators

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- ❖ 49.6% are very low income with an income below 22% FPL
  - ❖ This is less than \$5,412 per year for a family of four.
  
- ❖ 65.3% of all enrollees are in HIP Plus
  - ❖ This is slightly higher than the Plus enrollment of 64.7% at the end of year one and 64.5% at the end of year two.
  
- ❖ 61.6% of enrollees in HIP Plus have an income below 100% FPL
  
- ❖ Total enrollment is 400,452



# Enrollment: By Age

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	Basic	Plus	Total	Percent
<20	6,837	4,442	11,279	2.8%
20-29	54,587	65,635	120,222	30.0%
30-39	43,425	67,173	110,598	27.6%
40-49	21,369	54,273	75,642	18.9%
50-59	10,714	51,070	61,784	15.4%
60+	2,216	18,711	20,927	5.2%

\*As of August 23, 2017

# Enrollment: By Race and Ethnicity



	Basic	Plus	Total	Percent
Asian	1,581	7,420	9,001	2%
Black	37,037	38,956	75,993	19.0%
Hispanic	7,176	12,810	19,986	5.0%
White	91,439	196,398	287,837	72.0%
Other	1,915	5,720	7,635	2.0%
Total	139,148	261,304	400,452	100%

\*As of August 23, 2017



# Enrollment: By Gender

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	Basic	Plus	Total	Percent
Male	49,104	93,983	143,087	35.7%
Female	90,044	167,321	257,365	64.3%

\*As of August 23, 2017

# Enrollment: Medically Frail



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	State Basic	State Plus	Total	Percent
Medically Frail	19,644	54,251	73,895	18.5%

\*As of August 23, 2017

# Enrollment: Presumptive Eligibility



## May 2016-April 2017

Provider Type	PE Applications Submitted	PE Applications Approved	% PE Applications Approved	IHCP Applications Submitted	IHCP Applications Approved*	% IHCP Applications Approved
Acute Care Hospital	105,616	76,709	73%	57,754	20,009	35%
Community Mental Health Center	5,555	4,278	77%	3,061	988	32%
Federally Qualified Health Center	11,344	9,524	84%	7,543	3,571	47%
Psychiatric Hospital	2,273	1,768	78%	1,244	480	39%
Rural Health Clinic	69	44	64%	27	15	56%
County Health Department	72	60	83%	39	18	46%
<b>Grand Total</b>	<b>124,929</b>	<b>92,383</b>	<b>74%</b>	<b>69,668</b>	<b>25,081</b>	<b>36%</b>

# HIP Employer Link



Enrollment Numbers as of August 25, 2017	
Employer Enrollment	75
Employee Enrollment	68
Participants moving from Link to HIP Plus (Aug 2016-July 2017)	10

# Annual Reporting Activities



## ❖ Quarterly Reporting

- Submitted to CMS
  - September 30, 2016
  - December 30, 2016
  - March 31, 2017
  - June 30, 2017

## ❖ Annual Report

- Submitted to CMS on April 28, 2017

## ❖ Special Reports Submitted

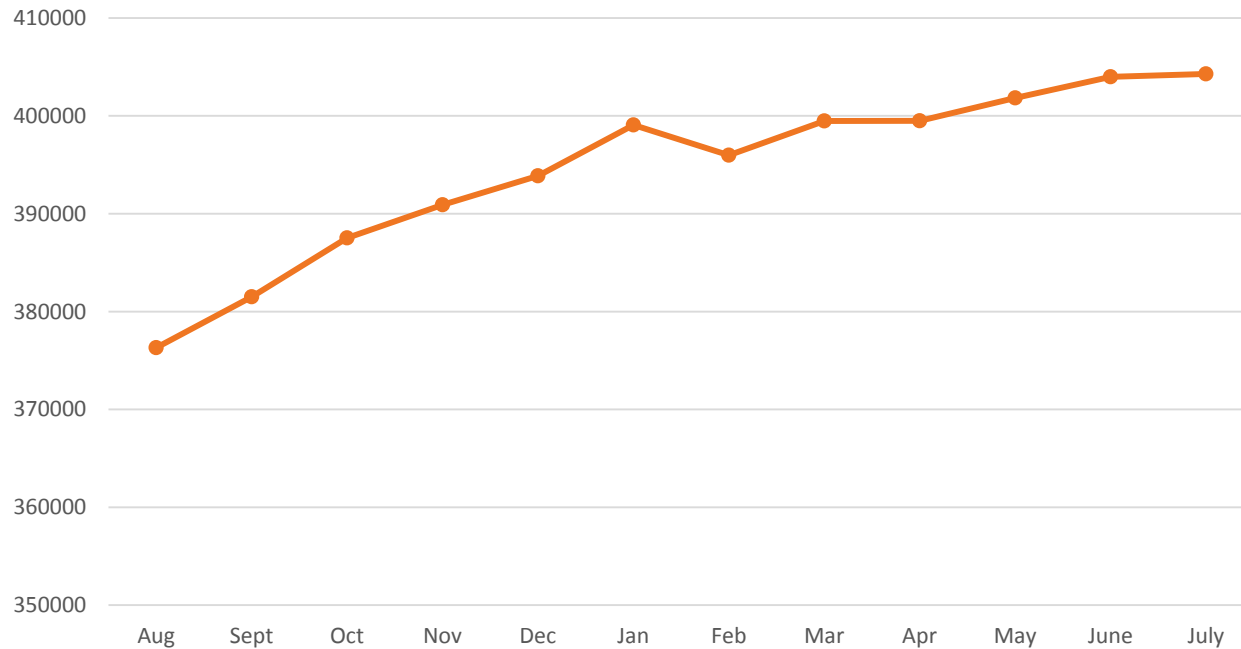
- **Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report** Completed by *Lewin* and submitted to CMS on July 6, 2016
- **POWER Account Contribution and Co-payment Evaluation** Completed by *Lewin* and submitted to CMS on March 31, 2017
- **Non-Emergency Medical Transportation Waiver Evaluation** Completed by *Lewin* and Submitted to CMS on November 2, 2016

# Enrollment: Steady Growth



## Enrollment Over Time

August 2016-July 2017



# Third Party Contributions



## Employer POWER Account Contributions

April 2016-April 2017	Total
Number of Employers Participating	88
Number of Members on Whose Behalf an Employer Makes a Contribution	103
Total Amount of Employer Contributions	\$3,007.65
Average Amount of Employer Contributions	\$29.20

## Non-Profit POWER Account Contributions

April 2016-April 2017	Total
Number of Non Profit Organizations Participating	246
Number of Members on Whose Behalf a Non Profit Makes a Contribution	8,915
Total Amount of Non Profit Contributions	\$102,917.55
Average Amount of Non Profit Contributions	\$11.54

# ER Utilization



April 2016-March 2017

<b>Category</b>	<b>Number of Adjudicated ER claims per 1,000 members</b>	<b>Percent of claims deemed emergent</b>	<b>Percent of claims deemed non-emergent</b>
Plus	378	76.2%	23.8%
Basic	540	78.6%	21.4%
State Plan	660	78.4%	21.6%



# Preventive Care



## Percentage of Members by Gender and Age Receiving Qualifying Preventive Care Services

Feb 2015-Jan 2016

		<b>19-25</b>	<b>26-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>
<b>Plus</b>	Total	65%	70%	75%	79%	79%
	Male	47%	54%	64%	73%	74%
	Female	72%	76%	80%	84%	83%
<b>Basic</b>	Total	45%	50%	50%	50%	45%
	Male	21%	28%	36%	41%	41%
	Female	53%	56%	56%	58%	50%

\* **Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report**  
 Lewin July 6, 2016