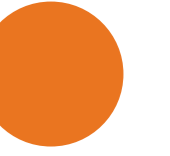




2018 HIP Waiver Renewal





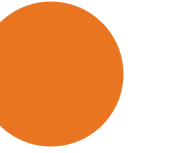
Objectives



Outline the HIP Waiver Changes

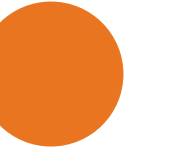
- Expanded Incentives
- Tobacco Surcharge
- Added Benefits
- Redetermination
- New Health Plan Selection Period
- Coverage of Pregnant Members
- Transitional Medicaid Assistance
- HIP Employer Link
- Gateway to Work

●●●● Healthy Indiana Plan Renewal



- With approval from the U.S. Centers for Medicare and Medicaid Services (CMS), the Healthy Indiana Plan will continue for an additional three years (February 1, 2018 – December 31, 2020).
- The core elements of the Healthy Indiana Plan will stay the same. However, CMS has agreed to allow several enhancements to the program to help streamline services for our members and address the state's most pressing health needs.

●●●● Expanded Incentives

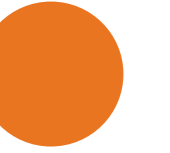


The Healthy Indiana Plan will offer additional incentives to members who meet individually achievable, relative goals as well as some process and participation measures.

The program will align member incentives with specific health challenges facing HIP members:

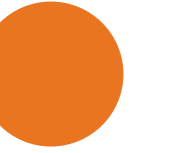
- Tobacco cessation
- Substance use disorder treatment
- Chronic disease management
- Employment-related incentives

●●●● Tobacco Use Incentives



- HIP and its health plans will continue to offer programs to help members quit using tobacco.
- HIP members who use tobacco have 12 months of HIP coverage to stop tobacco use or will face a 50 percent increase in their POWER Account contribution amount for the next year.

●●●● Enhanced Substance Use Disorder Services



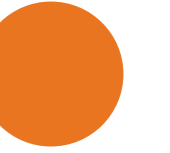
- New covered services for members, including residential treatment services and addiction recovery management.
- Expands access to providers to enable SUD and mental health services in more locations and new treatment centers throughout Indiana.

●●●● Adding Chiropractic Coverage in HIP Plus



- The state will add chiropractic benefits to the HIP Plus plan to promote participation in HIP Plus through regular contributions to the member's POWER Account.
- Benefit will now cover spinal manipulation.
- Members will be limited to one visit per day and six visits per covered person per benefit year.
- This benefit was previously only available to pregnant women and those who received State Plan services.

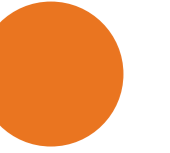
●●●● Redetermination Policy Update



Consistent with the original HIP program, members who lose eligibility due to failure to comply with the redetermination process will be required to wait six months to re-enroll in HIP coverage.

- Approximately 45 days prior to the end of the member's eligibility, each member will be notified of any documentation needed to determine continued eligibility.
- Members who do not return the required information before the end of eligibility period will be disenrolled but will have 90 days to reenroll without a new application, if they provide the requested information.
- After a 90-day period, if the member has not complied, the member will be required to wait an additional three months before reapplying.

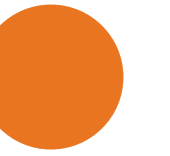
Redetermination Policy Update



Member Example 1 (Complies by Due Date)	Member Example 2 (Complies before Eligibility Period Ends)	Member Example 3 (Complies within 90 Days)	Member Example 4 (Complies after 90 Days)
Member applies for HIP and begins his/her eligibility period 1/1/2018	Member applies for HIP and begins his/her eligibility period 1/1/2018	Member applies for HIP and begins his/her eligibility period 1/1/2018	Member applies for HIP and begins his/her eligibility period 1/1/2018
Member receives notice of redetermination in October 2018	Member receives notice of redetermination in October 2018	Member receives notice of redetermination in October 2018	Member receives notice of redetermination in October 2018
There is a due date to turn in documentation by 12/14/18	There is a due date to turn in documentation by 12/14/18	There is a due date to turn in documentation 12/14/18	There is a due date to turn in documentation by 12/14/18
Member turns in documents 12/13/18	Member will not continue after eligibility period ends	Member does not turn in information before 12/31/18 and begins 90-day clock to comply	Member does not turn in information before 12/31/18 and begins 90-day clock to comply
Redetermination is complete and member's coverage continues	Member turns in documents 12/29/18	Member turns in documents on 1/25/19 – after due date but within 90 days after eligibility period end date	Member turns in documents on 4/5/19 – but not within the 90 days after eligibility period end date. Member is locked out until 7/2019
	Redetermination is complete and member's coverage will be reinstated	Member is conditionally approved by DFR and able to reenroll in HIP	Member reapplies 7/3/19. Member pays 8/3/19 and becomes a HIP Plus member 8/1/19



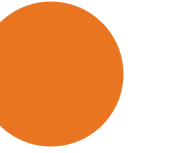
●●●● New Health Plan Selection Period for All Members



HIP members will have the opportunity at the end of each year to switch to another health plan for the following year.

- The four health plans that serve Healthy Indiana Plan members are Anthem, CareSource, MDwise and MHS.
- A member wishing to change health plans may do so by calling 877-GET-HIP-9 between November 1 and December 15.
- All changes will be effective January 1st and stay in effect for the next calendar year, even if the member has a gap in coverage during the year.

●●●● NEW Health Plan Selection Period for All Members



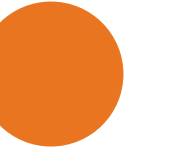
Example 1:

Member has HIP until 3/31/18 with Anthem. When they reapply and are approved for HIP on 6/1/18, they will go back to their calendar year plan with Anthem. The member will be able to change his or her health plan in the fall of 2018.

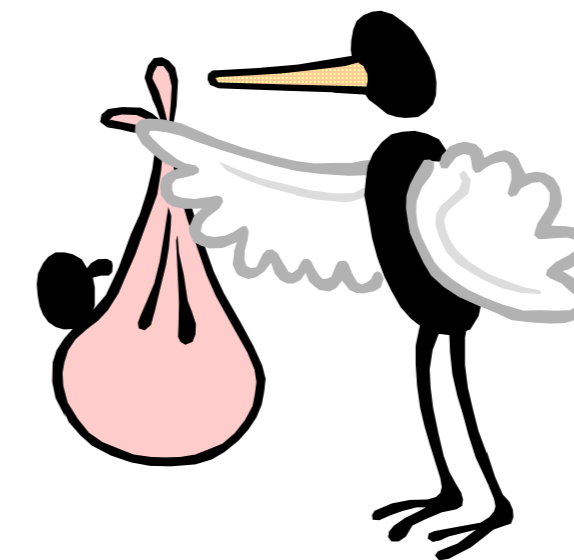
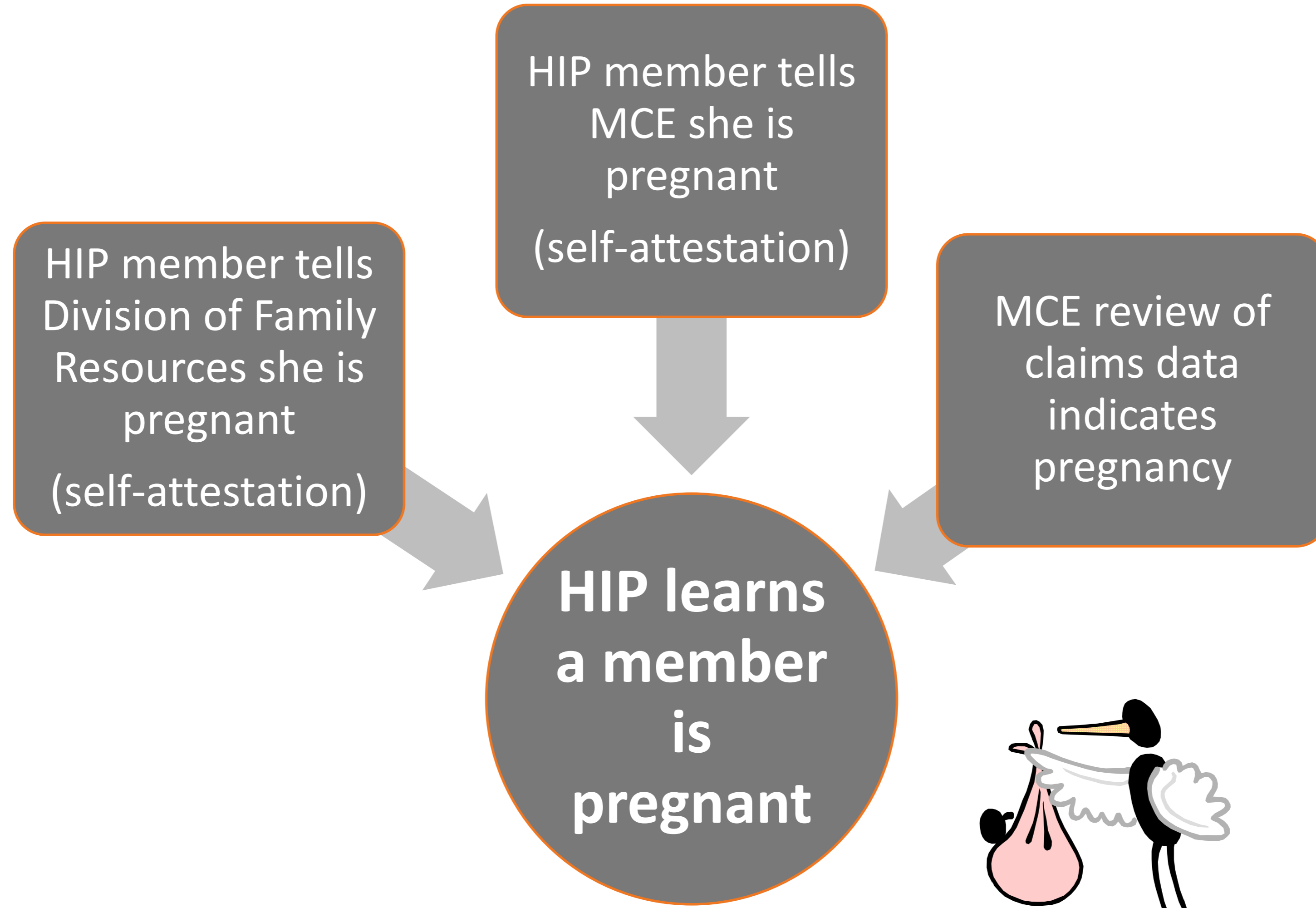
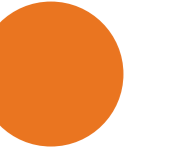
Example 2:

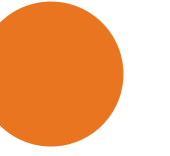
Member has HIP until 10/31/17 with CareSource. The member reapplies in March and selects MDwise. The member will be able to change his or her health plan in the fall of 2018.

●●●● HIP Maternity



- Women who are pregnant at the time of application will be enrolled in HIP Maternity if they qualify based on income. Those with incomes above 138 percent FPL will be enrolled in Hoosier Healthwise if eligible.
- Women enrolled in HIP at the time of pregnancy will stay in HIP while pregnant and move into HIP Maternity.
- Pregnant women will not have to move to different coverage due to pregnancy.
- There will be no cost sharing (POWER Account contributions or copayments) for pregnant members. Also, pregnant members receive enhanced benefits.
- All women who are presumptively eligible (PE) due to pregnancy will move to Hoosier Healthwise or HIP based on income when they are found eligible on the full IHCP application.



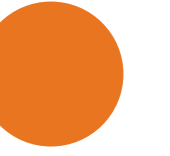


Woman becomes pregnant while enrolled in HIP

- All pregnant HIP members will move to HIP Maternity
- Additional benefits begin
- No cost sharing during pregnancy/post-partum period
- Member will remain with same health plan

Woman is pregnant at application or redetermination

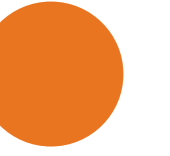
- Women eligible for HIP who are pregnant at the time of application will be enrolled in HIP Maternity (MAMA).
- This is no longer something that will change at redetermination time.
- No cost sharing during pregnancy/post-partum period
- HIP Maternity with a managed care entity will begin the month following notification. If eligible for prior month coverage – member will be fee for service.



Additional Benefits Include:
Vision
Dental
Non-emergency transportation
Chiropractic

Pregnant women receive benefits available to pregnant women, regardless of selected HIP plan.

- Exempt from cost sharing
- Additional benefits continue for a 2 month post-partum period



Pregnancy begins

A woman on HIP who becomes pregnant reports pregnancy by calling DFR or her health plan.

HIP Maternity coverage starts

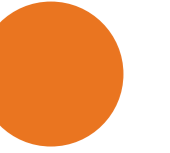
HIP Maternity starts the first day of the following month.

If pregnancy notification is later in the month (within final five days), coverage under HIP Maternity will start the first of the 2nd following month.

End of cost sharing

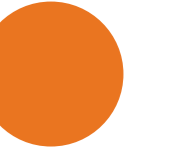
Members can have their cost sharing ended before HIP Maternity coverage start date by calling MCE to request.

●●●● Transitional Medicaid Assistance



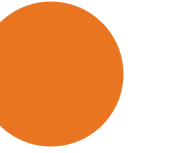
- Transitional Medicaid Assistance (TMA) will extend coverage only to HIP members who would lose coverage due to an increase in income that puts them over the 138 percent FPL threshold.
- Others with an increase in income will have other coverage options and not be at risk of losing coverage.
- TMA will be available for members for up to 12 months, as long as POWER Account contributions are paid.

●●●● HIP Employer Link



- Program ended December 31, 2017.
- Members transitioned to HIP Plus with no break in coverage and given health plan selection option through January.

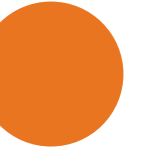
●●● Gateway to Work



To help Indiana build a healthy workforce, the Gateway to Work program will require able-bodied HIP members, with some exceptions, to work, go to school, volunteer or participate in other qualifying activities.

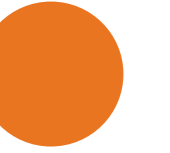
- Starting in 2019, Gateway to Work participation requirements will gradually increase from five hours per week initially up to 20 hours per week.
- Gateway to Work will help refer members to available jobs, job training programs, educational opportunities, or other community engagement opportunities. Members can receive case management services, gain access to job readiness support, and receive assistance with their job search and link to community engagement and educational opportunities.

●●●● Members Exempt from Gateway to Work



- Students
- Employed more than 20 hrs/week
- Pregnancy
- Primary caregiver of a dependent child under school age or disabled dependent
- Medically frail
- Certified temporary illness or incapacity
- Active substance use disorder treatment
- Aged over 60 years old
- Recent incarceration
- Chronically Homeless
- TANF/SNAP recipient

●●● Gateway to Work: Qualifying Activities



- Employment
- Education
- Job skills training
- Job search activities
- Education related to employment
- Vocational education/training
- General Education (GED/HSE)
- English as a second language education
- Members of the Pokagon Band of Potawatomi participating in specific employment program
- Volunteer work
- Participation in health plan employment incentive program
- Other exemptions/activities based on individual review
- Community work experience
- Community service/public service
- Caregiving for non-dependent relative
- Accredited homeschooling