



1115 Demonstration Waiver Post Award Forum
August 31, 2021

Agenda



1115 Waiver Milestones

Overview on HIP Program Basics

Program Performance

Covid-19 Response

Enrollment

Preventive Care

Emergency Department Use

Presumptive Eligibility

HIP Workforce Bridge

Milestones



1115 Waiver Renewals

- CMS granted 10-year approval for HIP
- CMS granted 5-year approval for SMI and SUD

Postpartum Coverage

- New for 2022, postpartum coverage will extend to 12 month

Healthy Indiana Plan



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

Healthy Indiana Plan



HIP Plus

- Initial plan selection for all members
- More services; vision, dental, bariatric, additional chiropractic, and other enhanced services.
- Monthly contribution required (\$1 up to \$20)
- Copays only for inappropriate ER use

HIP Basic

- Fallback option only for members under 100% FLP who do not make a monthly contribution
- Minimum essential services only
- Copays for most services required

Healthy Indiana Plan



HIP State Plan (Plus or Basic)

- For members who are Medically Frail or Low-Income Parent Caregivers
- Services mimic traditional Medicaid
- Monthly contribution or copay required (Plus or Basic)

HIP Maternity

- Access to all State Plan services
- Coverage for the duration of pregnancy and 60-days postpartum
- No contributions or copays



COVID-19 Response

Member Eligibility

- Member health coverage has not been terminated during the public health emergency unless the member voluntarily withdraws or moves out of the state

Cost Sharing

- All cost sharing has been suspended for the duration of the public health emergency



Enrollment Snapshot

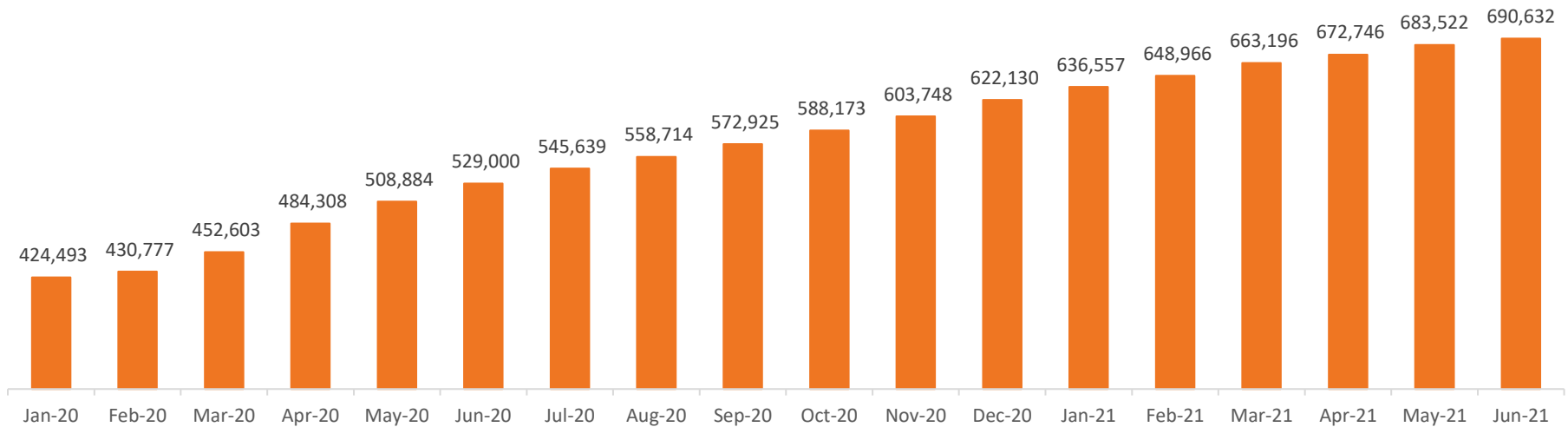
FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	49,102	33,076	82,178	21.5%	159,651	102,537	262,188	68.6%	37,524	9.8%	381,890	58.7%
5%-10%	514	161	675	18.6%	1,797	980	2,777	76.6%	172	4.7%	3,624	0.6%
11%-22%	1,597	508	2,105	19.5%	5,289	2,777	8,066	75.0%	578	5.3%	10,749	1.7%
23%-50%	4,997	3,226	8,223	20.8%	11,327	17,552	28,879	73.2%	2,325	5.8%	39,427	6.1%
51%-75%	4,529	4,791	9,320	18.0%	14,249	26,007	40,256	77.8%	2,121	4.1%	51,697	8.0%
76%-100%	3,296	4,441	7,737	14.8%	13,143	28,652	41,795	80.3%	2,486	4.7%	52,018	8.0%
Total <101%	64,035	46,203	110,238	20.4%	205,456	178,505	383,961	71.1%	45,206	8.3%	539,405	83.0%
101%-138%	3,088	4,215	7,303	9.3%	20,831	46,493	67,324	86.2%	3,447	4.4%	78,074	12.0%
>138%	1,385	2,351	3,736	11.4%	12,346	14,851	27,197	83.2%	1,754	5.3%	32,687	5.0%
Grand Total	68,508	52,769	121,277	18.6%	238,633	239,849	478,482	73.5%	50,407	7.7%	650,166	100.0%

*as of June 30, 2021

COVID-19 Impact



COVID-19 Impact on HIP Enrollment- Monthly



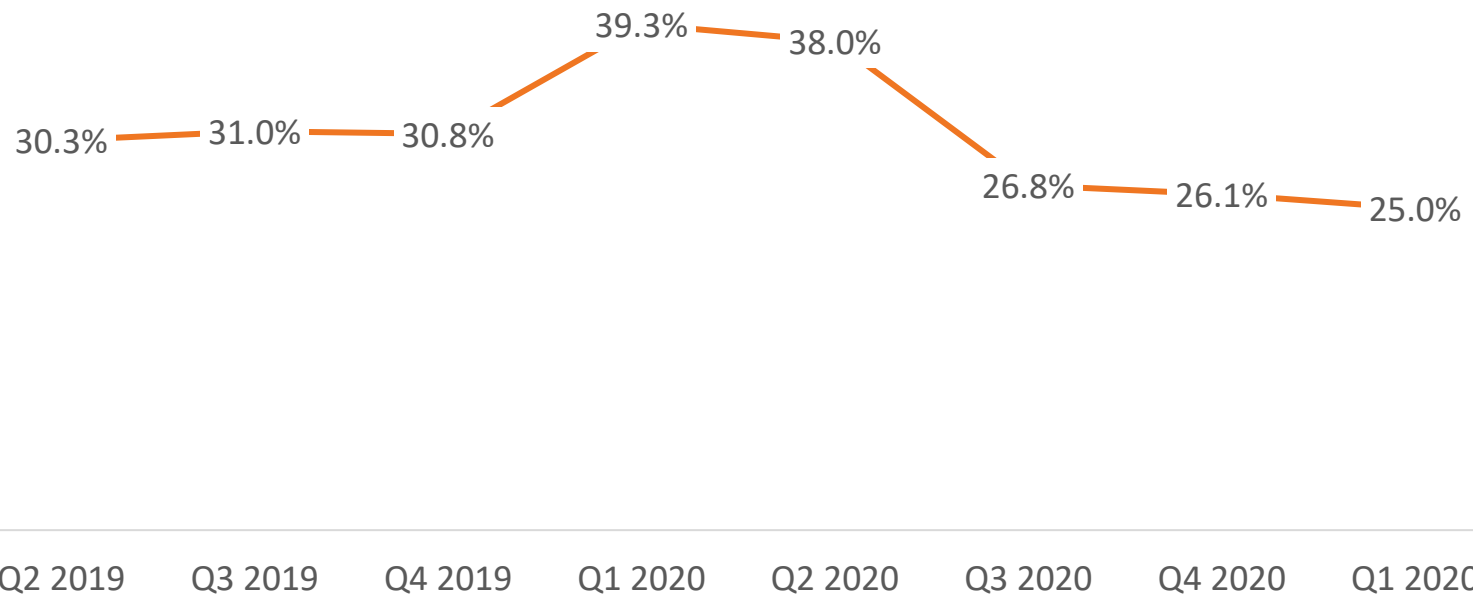
Medicaid Monthly Enrollment Reports. Accessed June 3, 2020. <https://www.in.gov/fssa/ompp/4881.htm>

Preventive Care Services

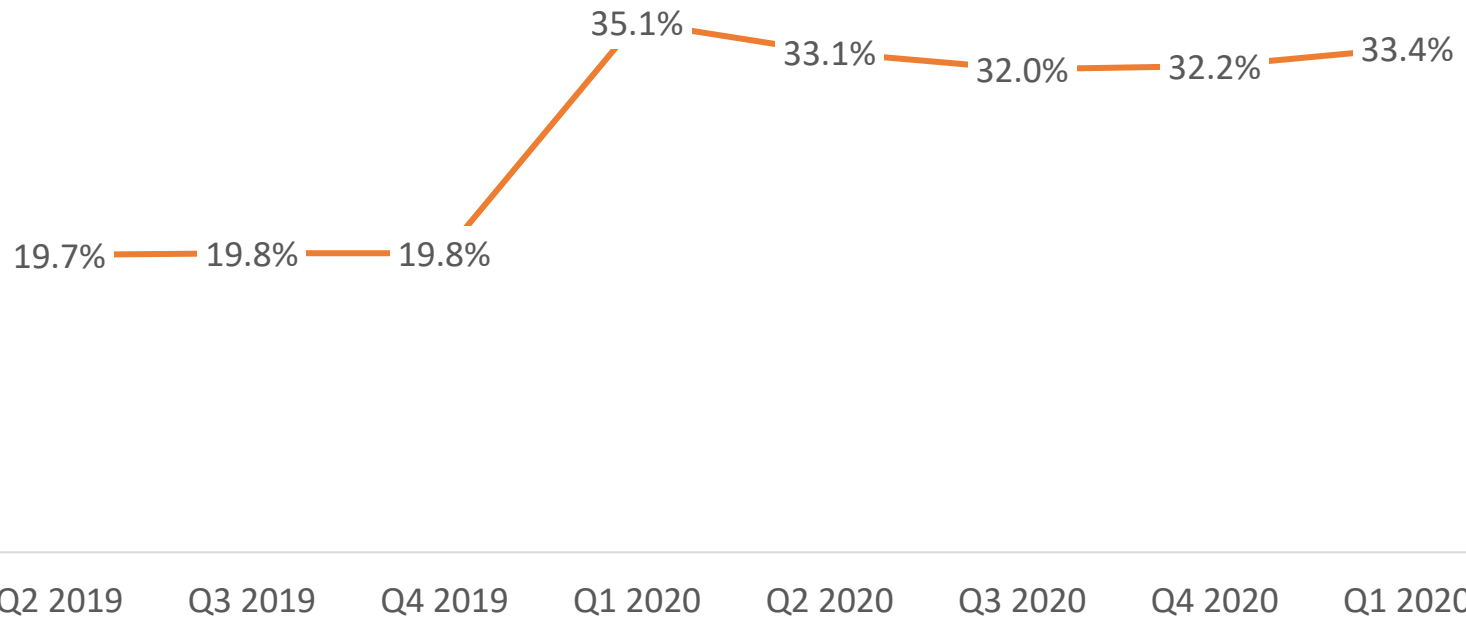
Include a variety preventive exams, screenings, immunizations, contraception, and chronic disease services like; annual physical exams, breast and cervical cancer screenings, comprehensive diabetes care, and medication management

- Rates of utilization for preventive services have increased since 2015
- HIP Basic members have lower participation and utilization for preventive services compared to HIP Plus members

Breast Cancer Screenings



Cervical Cancer Screenings



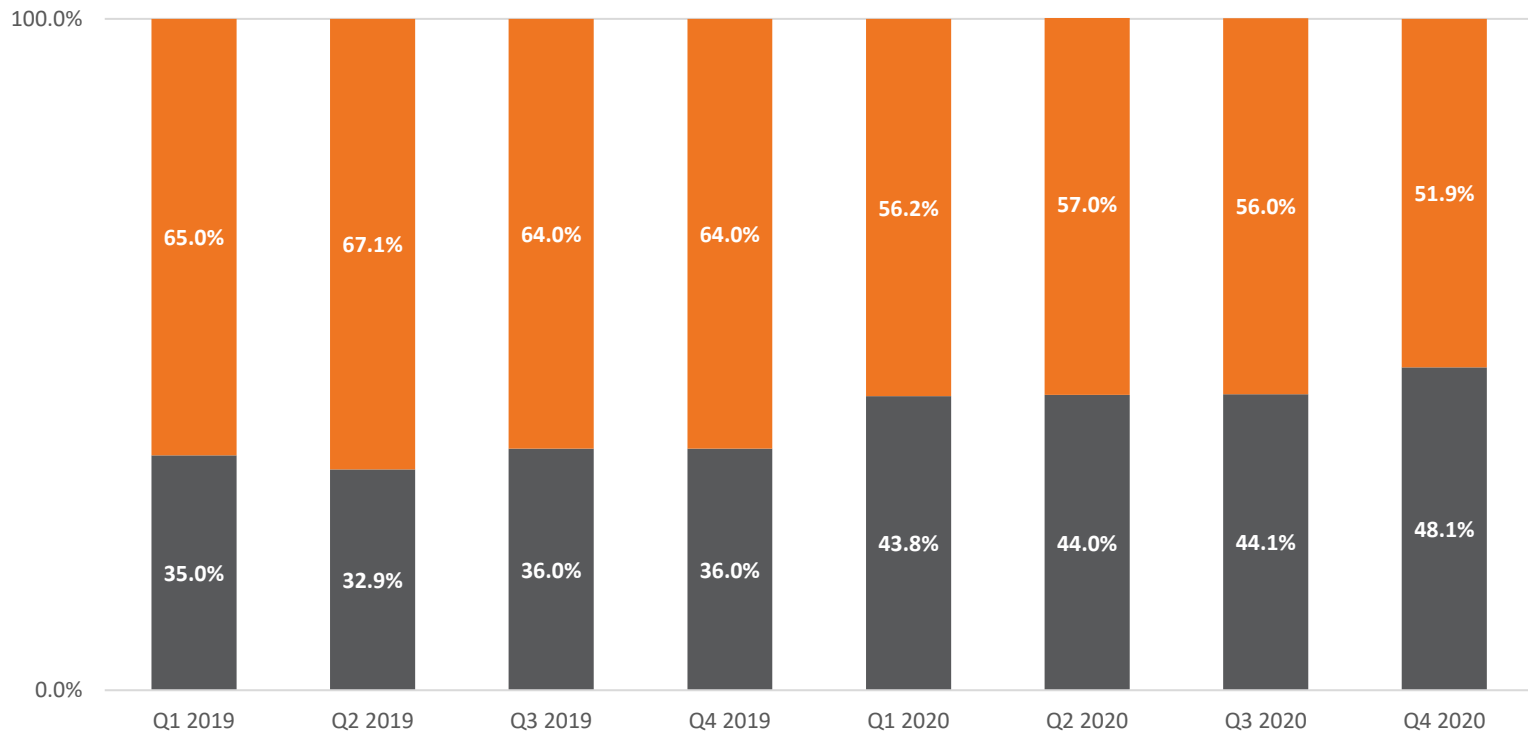
Tobacco Cessation

- Less than 10% of HIP members utilize a tobacco cessation service annually
- Of those, >85% of members using tobacco cessation chose medications
- Who's trying to quit? Members 51 years of age or older, females, non-Hispanic Whites, and rural residents



Emergency Dept Use

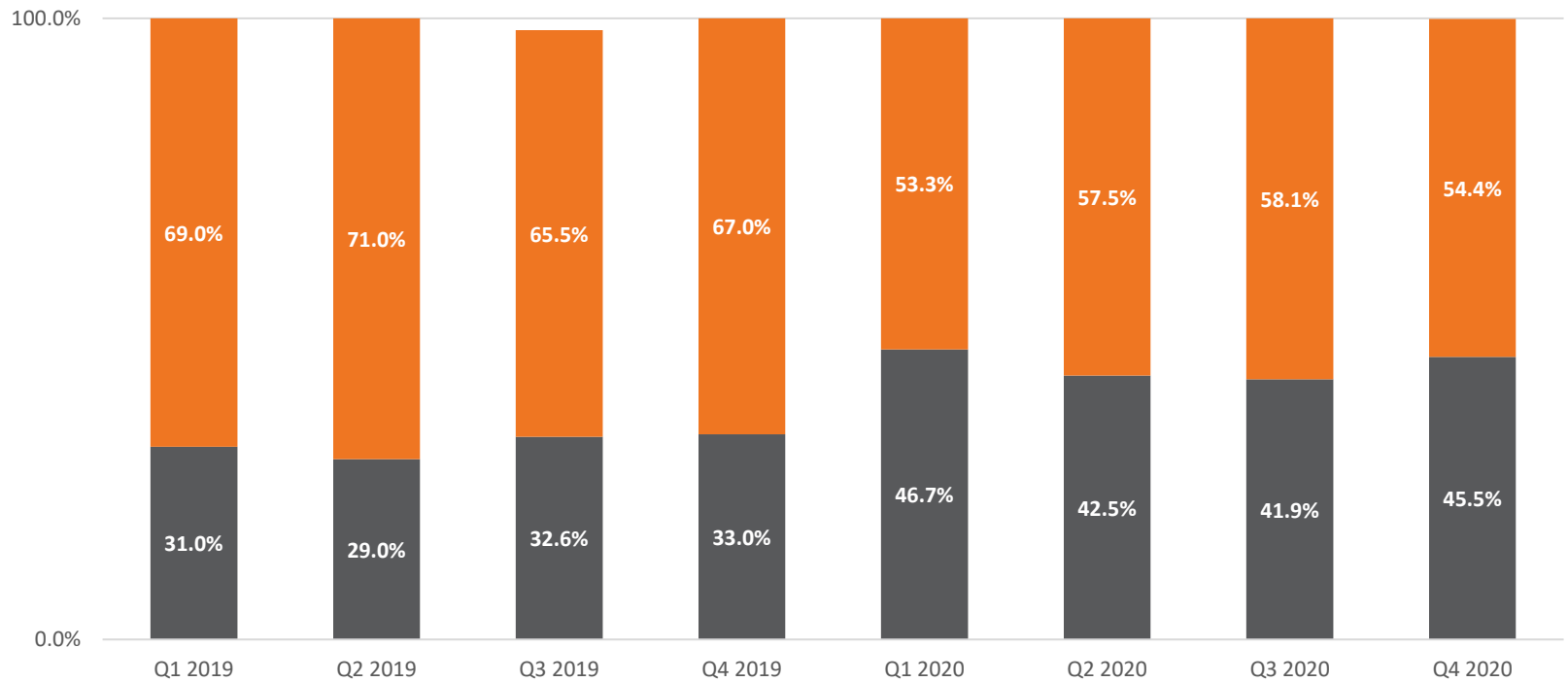
Percent of claims deemed **emergent** or **non-emergent** for HIP Plus





Emergency Dept Use

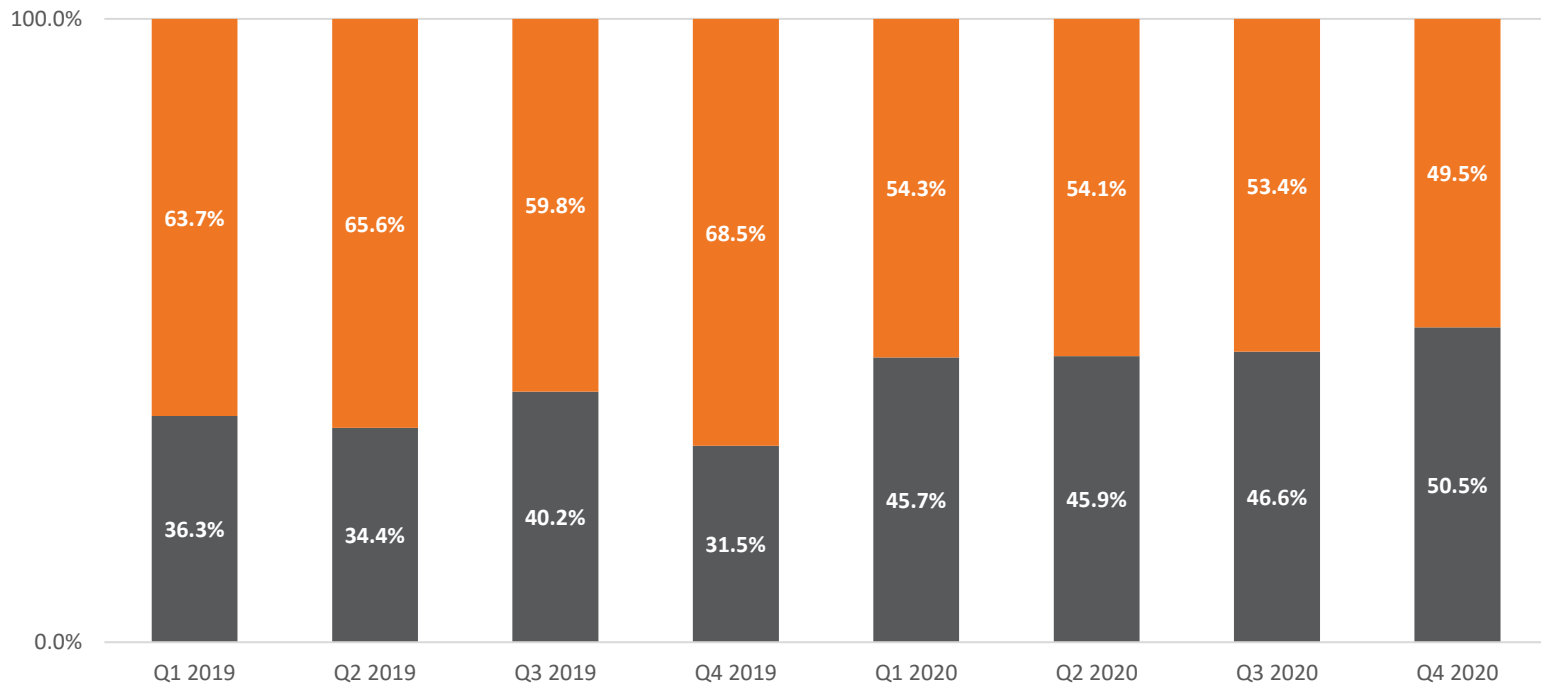
Percent of claims deemed **emergent** or **non-emergent** for HIP Basic





Emergency Dept Use

Percent of claims deemed **emergent** or **non-emergent** for HIP State Plan





Presumptive Eligibility

March 2020 – June 2021

Provider Type	PE Applications Submitted	PE Applications Approved	% PE Applications Approved	IHCP Applications Submitted	IHCP Applications Approved	% IHCP Applications Approved
Acute Care	65,529	54,841	84%	28,911	19,767	68%
Community Mental Health Center	6,591	5,313	81%	2,254	1,288	57%
County Health Department	137	125	91%	63	51	81%
Federally Qualified Health Clinic	13,546	12,034	89%	5,352	3,929	73%
Psychiatric	2,391	1,903	80%	1,034	602	58%
Rural Health Clinic	319	230	72%	72	43	60%
Total	88,513	74,446	84%	37,686	25,680	68%

HIP Workforce Bridge



Post PHE, HIP Workforce Bridge will be available to HIP enrolled members who have an increase in income and are no longer eligible for HIP. A \$1,000 account is available for up to 12-months following HIP disenrollment or until the account balance is \$0

The account covers health care and health insurance costs during transition from HIP to commercial insurance, such as:

- premiums
- prescriptions
- copayments
- coinsurance
- HIP covered services while waiting for other coverage to kick in
- deductible costs for HIP covered services following commercial coverage enrollment