Healthy Indiana Plan—Key Statistics

• Trust fund balance: $304 Million

• Enrollment update (as of 5/31/2012):
  • Current Enrolled members: 37,316 individuals
  • Caretaker Adults: 25,179 (67.5%)
  • Non-Caretaker Adults: 12,137 (32.5%)
  • Current Conditional members: 2,144
  • Current Pending applicants: 7,007

• Waitlist update (as of 5/31/2013):
  • 52,931 applicants on waitlist
  • Waitlist is for non-caretaker adults
Survey of HIP Members


- Interviewed 847 current members and 627 members who left program in 2012
  - Strong endorsement for design of program
  - >80% of members receiving preventive check-ups
  - >70% of members report NOT using the ER
  - 95% of members satisfied with their experience in HIP
HIP Waiver

• Complete request for 3-year extension submitted to CMS on April 15, 2013

• Met with CMS leadership in Baltimore on June 20
  – Encouraging signals on extending HIP as a demonstration project.
  – Further discussions on benefits, cost sharing, administration of lockout, and enrollment caps to ensue.
  – CMS sensitive to our concerns about timing.
Contingency Planning

• HIP continues:
  – Exploring operational enhancement to improve efficiency of administration.
  – Integrating HIP into Indiana’s new application for assistance.
  – Improve member training on consumerism and use of POWER accounts.
Contingency Planning

• If CMS denies request to extend waiver:
  – Stop enrolling new members (August 2013).
  – Initiate plans to inform/transition current participants.
  – Modify contracts with health plans.
ACA Related Activities

• Implement mandatory changes to Medicaid program
  – Hospital presumptive eligibility
  – Modified adjusted gross income methodology for eligibility
  – Single Streamlined Application

• Process changes
  – Taking Medicaid applications over the phone
  – Integration and Coordination with the federal exchange for Medicaid eligibility and premium tax credits

• Establish Indiana based navigator program with Indiana Department of Insurance to include those who complete Medicaid applications for others
Challenges

• Guidance from the federal government is slow and incomplete.

• These program and process changes require extensive modifications of our systems and building interfaces with the federal exchange and hub.

• Timelines are very compressed.
Questions