



**HEALTH
MANAGEMENT
ASSOCIATES**

Human Services and Medicaid: Systems in Transition

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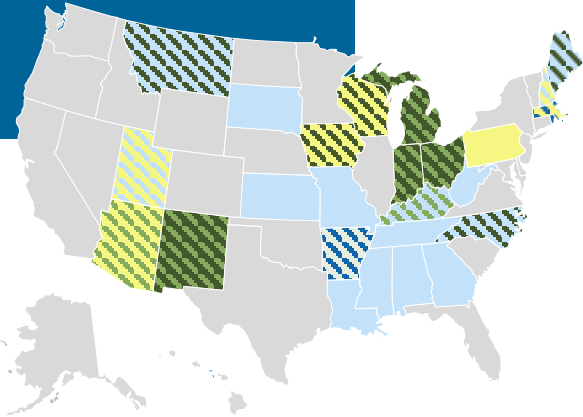


KEY POLICY PRIORITIES – SAMPLE OF STATE INTERESTS AND ACTIONS

- Work Requirements
- Cost Sharing
- Member Accounts, Incentives
- Benefit Limitations
- Eligibility Limits
- Premium Assistance

State waivers:

- + Combine policies and initiatives
- + Build from other state experiences
- + Drive to Triple Aim
- + Encourage new partnerships to maximize resources, borrow and enforce policies



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ADDITIONAL SERVICE AND MARKET TRENDS

States are developing initiatives aimed at achieving broader goals not previously emphasized in Medicaid.

Address the
OPIOID Crisis

Move to Value
Based
Purchasing
and Alternative
Payment
Models

Address
Social
Determinants
of Health

Reduce Total
Cost of Care
and Cost of
Specific
Spending on
Rx

Integration of
Care
including
LTSS and
BH/Primary
Care

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SHARED STATE GOALS AROUND PERSONAL RESPONSIBILITY

States are developing initiatives aimed at achieving broader goals not previously emphasized in Medicaid.

SOME OF THE KEY INITIATIVES STATES HAVE PROPOSED ARE INTENDED TO:

Increase
member
engagement
& promote
consumerism

Increase
personal
accountability

Promote
employer
coverage &
independence
from public
assistance

Provide
members a
“commercial
market
experience”

Promote work
and empower
individuals to
seek stable
employment

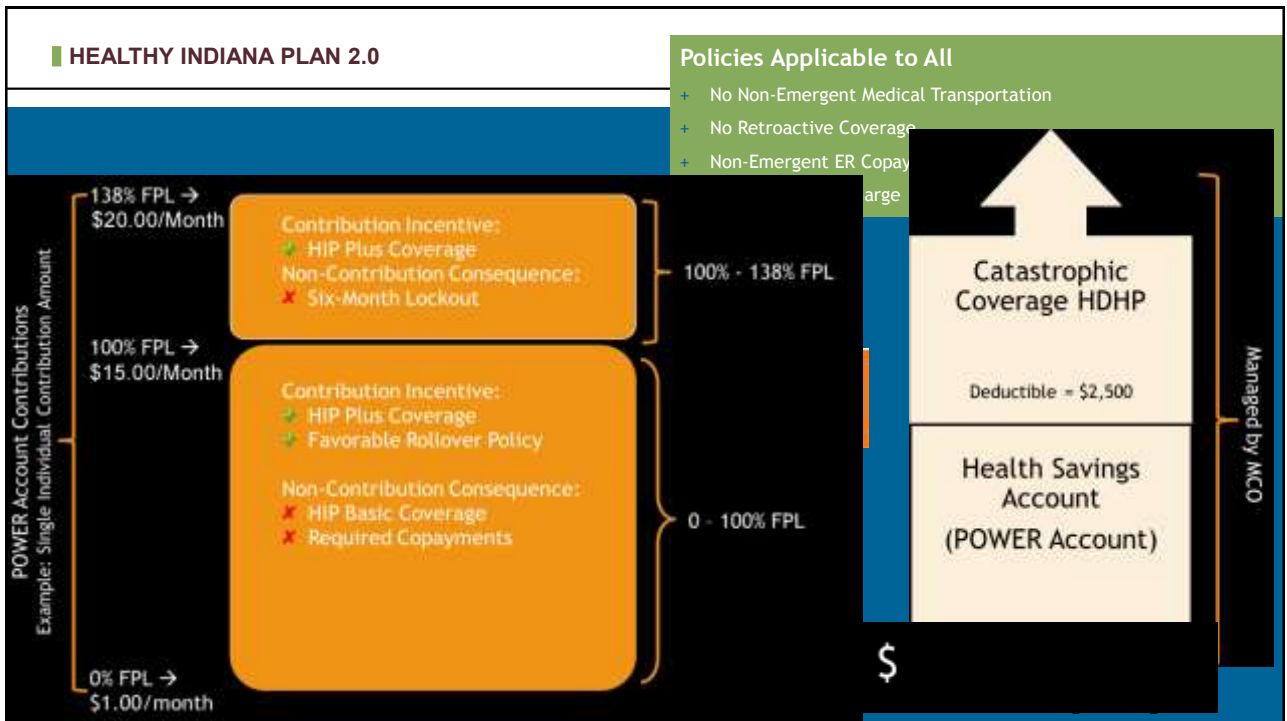
NEW APPROACHES
TO ACHIEVE THESE GOALS

- + Cost sharing, including premiums and copayments
- + Consumer-driven HSA-like plan design or member incentive accounts
- + Work and community engagement requirements
- + Premium assistance program for employer-sponsored insurance (ESI)
- + Incentives for transitioning off Medicaid
- + Align benefits with commercial market (i.e. No retroactive coverage or NEMT)

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CONSUMER-DRIVEN PLAN DESIGN

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HEALTHY INDIANA PLAN ENROLLMENT AS OF JANUARY 31, 2018

Table 1: Enrollment at the End of Demonstration Year Three

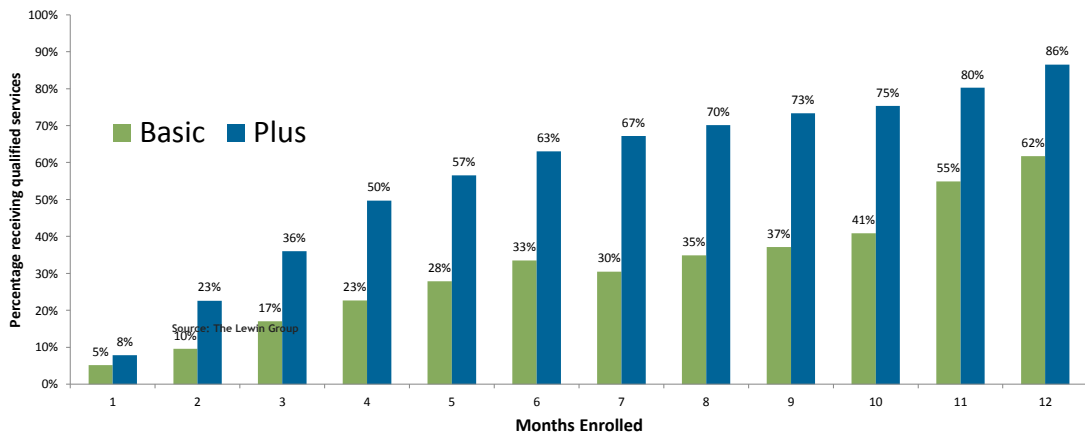
Percent FPL	Basic				Plus				Total HIP Enrollment
	State	Regular	Basic Total	Percentage of Total HIP Enrollment in Income Level	State	Regular	Plus Total	Percentage of Total HIP Enrollment in Income Level	
<23%	51,985	36,268	88,253	38.8%	73,548	65,781	139,329	61.2%	227,582
23-50%	3,250	8,585	11,835	36.3%	5,621	15,165	20,786	63.7%	32,621
51-75%	3,728	11,968	15,696	36.2%	6,711	20,994	27,705	63.8%	43,401
76-100%	2,955	9,797	12,752	28.7%	7,337	24,402	31,739	71.3%	44,491
Total <101%	61,918	66,618	128,536	36.9%	93,217	126,342	219,559	63.1%	348,095
101-138%	2,019	3,723	5,742	12.9%	9,034	29,764	38,798	87.1%	44,540
>138%	1,692	31	1,723	39.4%	2,429	218	2,647	60.6%	4,370
Unknown	472	1,292	1,764	29.1%	1,068	3,238	4,306	70.9%	6,070
Grand Total	66,101	71,664	137,765	34.2%	105,748	159,562	265,310	65.8%	403,075

Source: Indiana HIP 2.0 Demonstration Year 3 Annual Report found at www.Medicaid.gov
 Note: Individuals over 138 percent of the FPL may continue in the program due to TMA or appeal status.

RESULTS: PREVENTATIVE CARE

KEY RESULT:

The longer members are enrolled, the more likely they are to get preventative services
75% + of all members enrolled for 12 months received preventative care.

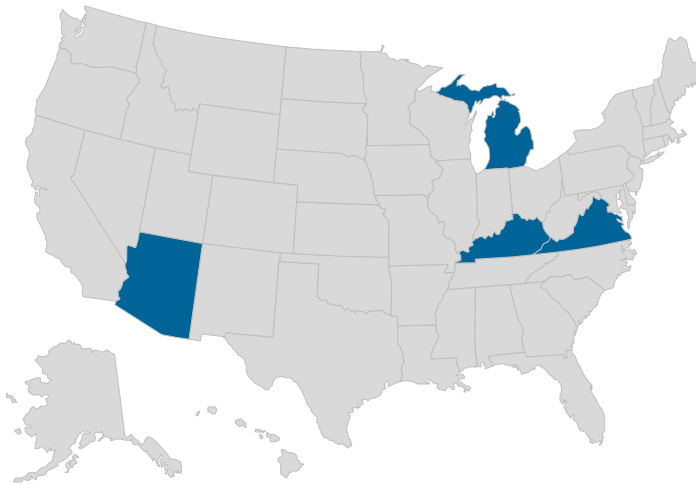


RESULTS: EMERGENCY ROOM USAGE

1. HIP Plus members had lower rates of hospital emergency department (ED) use compared to HIP Basic members (for both overall utilization and non-emergency utilization)
2. In addition, HIP Plus members are also more likely than HIP Basic members to utilize the ED for conditions or issues that were not preventable or avoidable. These trends are consistent with the finding that HIP Plus members generally use more preventive and primary care services.

	ED Utilization	Non-Emergency Use of ED
HIP Plus	775.4 (per 1,000)	183.6 (per 1,000)
HIP Basic	1,033.6 (per 1,000)	262.6 (per 1,000)

MEDICAID CONSUMER-DRIVEN PLAN DESIGN VARIATIONS



WORK REQUIREMENTS AND COMMUNITY ENGAGEMENT

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GENERAL PROGRAM ELEMENTS

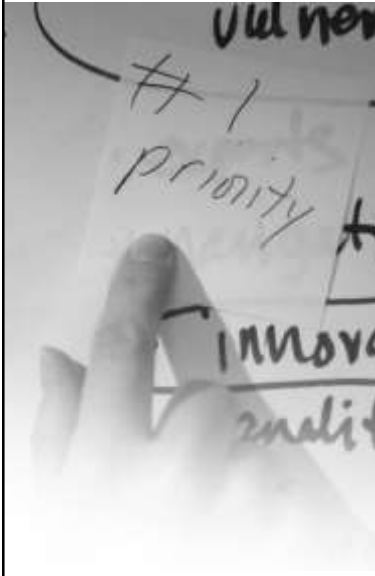
- + Member must document at least 20 hours of work/wk or 80 hours/mo.
- + Volunteerism, community service, and participation in workforce development programs or job search activities may substitute
- + Grace period and/or ramp-up for newly eligible members
- + Reinstatement when requirements are satisfied

Exemptions for:

- + Pregnant women
- + Full time students
- + One primary household caregiver
- + Homeless individuals, medically frail or temporarily disabled, and individuals in SUD treatment

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CORE COMPETENCIES NEEDED BY STATE
 A COMPREHENSIVE PROGRAM SHOULD HAVE EACH OF THESE ELEMENTS



ACCURACY

- Who is exempt and who is not exempt
- Capture when work requirements are met

DAILY FILE TRANSFER FUNCTIONALITY WITHOUT SYSTEM OUTAGES

- Link to eligibility system to suspend/un-suspend cases

MEMBER REPORTING FUNCTIONALITY VIA WEB PORTAL AND MOBILE APP

- Receive member documentation via multiple methods

VERIFICATION

- Linkages to employment files and other databases
- Exempt members from reporting if data exists
- Some manual effort will be necessary, particularly for volunteerism

NOTICE GENERATION

EDUCATION

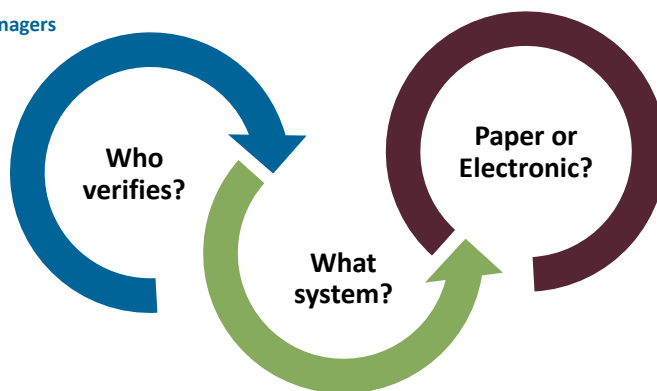
- Extensive federal requirements for Member education and assistance w/ program requirements
- Possible offering of health literacy or financial literacy courses

ASSESSMENT OF FAIRNESS

- Availability of jobs and workforce development programs by geographic areas

VERIFICATION CONSIDERATIONS

- + SNAP/TANF Case managers
- + MCOs
- + Eligibility Workers
- + New vendor?



- + Mirror SNAP/TANF process (paper)
- + Leverage all known data
- + Increase automation?

- + Eligibility
- + MMIS
- + SNAP/TANF
- + Other/New?

KEY TAKEAWAYS

These trends
will continue

Implementation by
MCOs may require
unique effort

Collaborative and
competent state
agency staff needed

Member
communication
and education is
crucial to success