Healthy Indiana Plan

- First Medicaid plan with strong consumer-directed features (2008)
  - HDHP
  - POWER Account
  - Consumer choice + Provider engagement

- Proven Results
  - Improves healthcare utilization
  - Promotes personal ownership of health care

- High Member and Provider Satisfaction
  - Enhanced coverage
  - Enhanced provider reimbursement
HIP 2.0 Eligibility

Who is eligible for HIP 2.0?

• 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

• Includes individuals previously enrolled in:
  Healthy Indiana Plan (HIP 1.0)
  Hoosier Healthwise (HHW)
HIP 2.0: Three Pathways to Coverage

**HIP Plus**
- Initial plan selection for all members
- **Benefits**: Comprehensive coverage with enhanced benefits, including vision, dental, bariatric, pharmacy
- **Cost sharing**:
  - Monthly POWER account contribution required
  - Contribution is 2% of income with a minimum of $1 per month
  - ER copayments only

**HIP Basic**
- Fall-back for members with income <100% FPL who do not make POWER account contribution
- **Benefits**: Minimum coverage, no vision or dental coverage
- **Cost sharing**:
  - Must pay copayment ranging from $4 to $75 for doctor visits, hospital stays, and prescriptions

**HIP Link**
- Employer plan premium assistance paired with HSA-like account
- Enhanced POWER account to pay for premiums, deductibles and copays in employer-sponsored plans
- Provider reimbursement at commercial rates
“Managed Care Entities” (MCEs)

✓ Also known as “health plans”
✓ Anthem, CareSource, MDwise, MHS
✓ New members select MCE
  • On application OR
  • Call enrollment broker after application OR
  • Auto-assigned
✓ Once enrolled, call MCE with provider/benefit questions:
  • Anthem: (866) 408-6131
  • CareSource: (844) 607-2829
  • MDWise: (800) 356-1204
  • MHS: (877) 647-4848
### Monthly Income Limits for HIP 2.0 Plans

<table>
<thead>
<tr>
<th># in household</th>
<th>HIP Plus Income up to ~138% FPL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,382.54</td>
</tr>
<tr>
<td>2</td>
<td>$1,864.33</td>
</tr>
<tr>
<td>3</td>
<td>$2,346.12</td>
</tr>
<tr>
<td>4</td>
<td>$2,827.91</td>
</tr>
</tbody>
</table>

### Annual Income Limits for HIP 2.0 Plans

<table>
<thead>
<tr>
<th># in household</th>
<th>HIP Plus Income up to ~138% FPL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,590.48</td>
</tr>
<tr>
<td>2</td>
<td>$22,371.96</td>
</tr>
<tr>
<td>3</td>
<td>$28,153.44</td>
</tr>
<tr>
<td>4</td>
<td>$33,934.92</td>
</tr>
</tbody>
</table>

*133% + 5% income disregard, income limit for HIP program. Eligibility threshold is not rounded.
HIP Plus: POWER Account Contributions

✓ POWER account contributions are approximately 2% of member income
  • Minimum contribution is $1 per month*
  • Maximum contribution is $100 per month (individual enrollee in a 9 person household earning $62,000/year)

✓ Employers & not-for-profits may assist with contributions
  • Employers and not-for-profits may pay up to 100% of member PAC
  • Ideally, payments are made by individual directly to member’s selected managed care entity

✓ Contribution amount based on family income
✓ If spouses both enrolled, they split the monthly amount

*Approximately 20% of HIP eligible population will have an income that corresponds with the minimum $1 PAC
## HIP Plus: POWER Account Contributions

### Monthly POWER account contribution examples*

<table>
<thead>
<tr>
<th>FPL</th>
<th>Monthly Income/PAC Individual</th>
<th>Monthly Income/PAC Household of 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>$216 = $4.32</td>
<td>$445 = $8.90</td>
</tr>
<tr>
<td>50%</td>
<td>$491 = $9.82</td>
<td>$1,010 = $20.22</td>
</tr>
<tr>
<td>75%</td>
<td>$736 = $14.72</td>
<td>$1,516 = $30.32</td>
</tr>
<tr>
<td>100%</td>
<td>$981 = $19.62</td>
<td>$2,021 = $40.42</td>
</tr>
<tr>
<td>138%</td>
<td>$1,369 = $27.39</td>
<td>$2,822 = $56.44</td>
</tr>
</tbody>
</table>

*Amounts can be reduced by other Medicaid or CHIP premium costs*
Ways to Pay the POWER Account Contribution

✓ Regardless of health plan members can pay by:
  - Credit or debit card (including prepaid cards)
    - Over the phone
    - Online
  - Check or money order
  - Automatic bank draft
  - Electronic funds transfer
  - Payroll deduction
  - Cash, at one of the following locations:

<table>
<thead>
<tr>
<th>Anthem</th>
<th>MHS</th>
<th>MDwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay at any Wal-Mart</td>
<td>Pay by Western Union Pay at any Wal-Mart</td>
<td>Pay at a Fifth Third Bank Pay at any Wal-Mart</td>
</tr>
</tbody>
</table>
# Co-payment Amounts – HIP Basic

<table>
<thead>
<tr>
<th>Service</th>
<th>HIP Basic Co-Pay Amounts &lt;=100% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>$4</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$75</td>
</tr>
<tr>
<td>Preferred Drugs</td>
<td>$4</td>
</tr>
<tr>
<td>Non-preferred drugs</td>
<td>$8</td>
</tr>
<tr>
<td>Non-emergency ED visit</td>
<td>Up to $25 *</td>
</tr>
</tbody>
</table>

*$8 for first non-emergent emergency department (ED) visit; $25 for any additional*
Emergency Department (ED) Copayment Collection

✓ HIP features a graduated ED copayment model

✓ HIP requires non-emergent ED copayments unless:
  - Member calls MCE Nurse-line prior to visit or
  - The visit is a true emergency

$8 1\textsuperscript{st} non-emergent ED visit in the benefit period

Each additional non-emergent ED visit in the benefit period

$25
HIP Employer Link helps employees pay for the costs of their employer coverage.

- Members get a $4,000 POWER account.
- Members receive a monthly check to help cover the cost of employer premiums.
  - Like HIP, HIP Link members contribute 2% of their income towards the costs of coverage.
  - POWER account also helps cover member cost sharing.
  - Members can use their HIP Employer Link card to pay for copayments, deductibles and coinsurance.
HIP 2.0 Gateway to Work

✓ All individuals who complete the application for HIP coverage will be connected to job training and job search programs offered by the State of Indiana

✓ Voluntary Program - Does not affect eligibility

✓ Members will receive letters, can call (800) 403-0864 to sign up
Applying for HIP:

**Indiana Application for Health Coverage**

**Estimate eligibility** and POWER account contribution amounts with the **online calculator** at:

http://www.in.gov/fssa/hip/2352.htm

**Apply for HIP:**
1. **Online Health Coverage Application available at:**
   https://www.ifcem.com/CitizenPortal/application.do#
2. Visit a DFR office (http://www.in.gov/fssa/dfr/2999.htm)
3. Paper Application – by fax or mail
4. Phone Application

**Single application for all coverage programs**

**Find a local navigator** to help with enrollment at:

http://www.in.gov/healthcarereform/2468.htm
In summary: HIP 2.0...

- Is Indiana-specific solution
  - Establishes our own priorities
  - Builds off of successful program

- Expands coverage AND improves access

- Consumer-directed (ownership)
  - Price transparency
  - Patient/provider partnership
  - Focus is on healthy outcomes