



# Healthy Indiana Plan

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- ✓ 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

Best Value

### 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)

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- ✓ 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



# Income limits

## Monthly Income Limits for HIP 2.0 Plans

# in household	HIP Plus Income up to ~138% FPL*
1	\$1,382.54
2	\$1,864.33
3	\$2,346.12
4	\$2,827.91

## Annual Income Limits for HIP 2.0 Plans

# in household	HIP Plus Income up to ~138% FPL*
1	\$16,590.48
2	\$22,371.96
3	\$28,153.44
4	\$33,934.92

\*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 the corresponds with the minimum \$1 PAC

# HIP Plus: POWER Account Contributions



## Monthly POWER account contribution examples\*

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

\*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:

Anthem	MHS	MDwise
Pay at any Wal-Mart	Pay by Western Union Pay at any Wal-Mart	Pay at a Fifth Third Bank Pay at any Wal-Mart

# Co-payment Amounts – HIP Basic



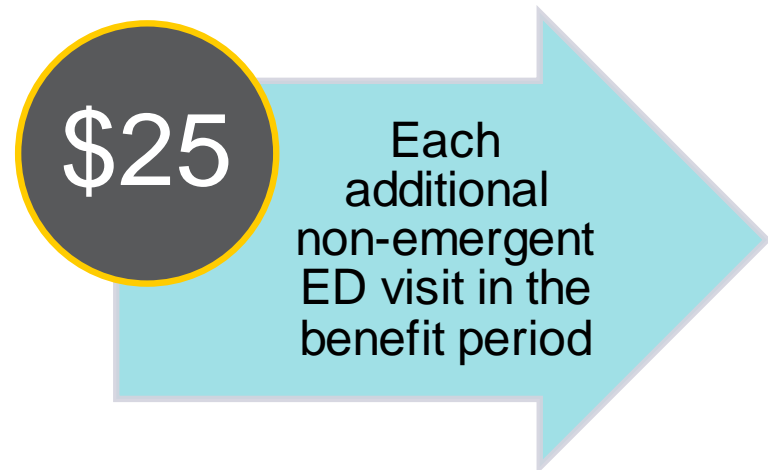
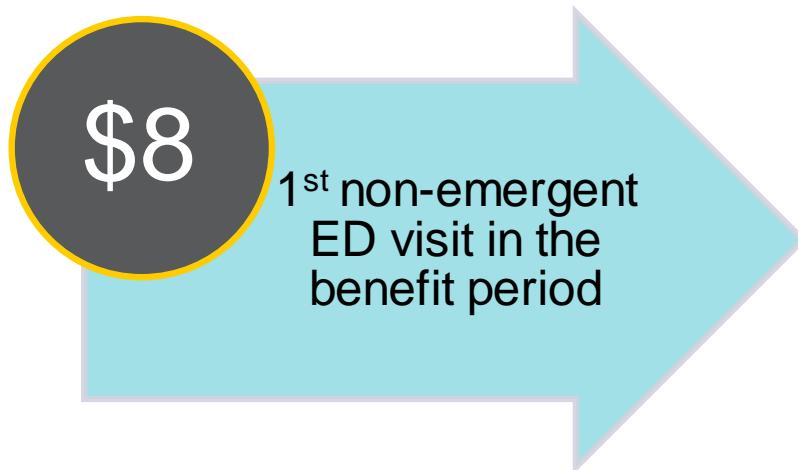
Service	HIP Basic Co-Pay Amounts ≤100% FPL
Outpatient Services	\$4
Inpatient Services	\$75
Preferred Drugs	\$4
Non-preferred drugs	\$8
Non-emergency ED visit	Up to \$25 *

*\*\$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



# HIP Employer Link Premium Assistance Program



## HIP Employer Link Overview

- 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

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- ✓ 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>

**Best  
Option**

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...

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- ✓ 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