HISTORY OF CONSUMER-DRIVEN HEALTH CARE IN INDIANA

1992
Indiana-based Golden Rule Insurance Company executive, J. Patrick Rooney, pioneers the concept of medical savings accounts with his own employees

2003
Congress authorizes Health Savings Accounts

2006
The State of Indiana introduces consumer-driven health plan options to its nearly 30,000 employees and their dependents

JANUARY 1, 2008
HIP enrolls working-age, uninsured adults in coverage. HIP’s founding principle - ensuring better access to quality health care

2007
A bipartisan bill enabling HIP passes the Indiana General Assembly. The Indiana Family & Social Services Administration immediately began negotiations for a federal waiver

BY JUNE 30, 2014
Governor Pence and the Indiana Family & Social Services Administration submit HIP 2.0 waiver

BY THE NUMBERS

CONSUMER-DRIVEN HEALTHCARE

98% of HIP members said they would re-enroll in HIP

83% of HIP members preferred to pay fixed monthly amount up front instead of making co-payments at the time of service

93% of HIP members make required POWER account contributions on time

Amount health care spending decreases with the use of consumer-driven health plans, according to an Employee Benefit Research Institute study

Since 2006, 96% of state employees chose to enroll in the consumer-directed model

Average saved in health care costs annually in the state’s first four years offering consumer-driven health plans to Indiana state employees

EXPANSION OF HIP COVERS

350,000 UNINSURED HOOSIERS

Indiana is the FIRST AND ONLY state to successfully apply private market-based consumer-driven reforms to a Medicaid population

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HIP.in.gov