Medicaid Advisory Committee July 27, 2022 Agenda

- HIP History
- Indiana Medicaid Big picture
- Provider types impacted
- Timeline: HIP rate compliance plan

HIP History

2008: IN established HIP pilot program, predating Affordable Care Act (ACA)

• 2015:

- IN expanded Medicaid under the ACA (>300K newly eligible Hoosiers)
- IN statute requires HIP providers be paid at Medicare rates
- HIP rates helped add 6,700 new health care providers
- State share of HIP rates funded by hospital assessment fees (HAF) and cigarette tax revenues

• 2020:

- HIP receives 10-year renewal
- CMS Final Rule prohibits provider reimbursement rate differentials

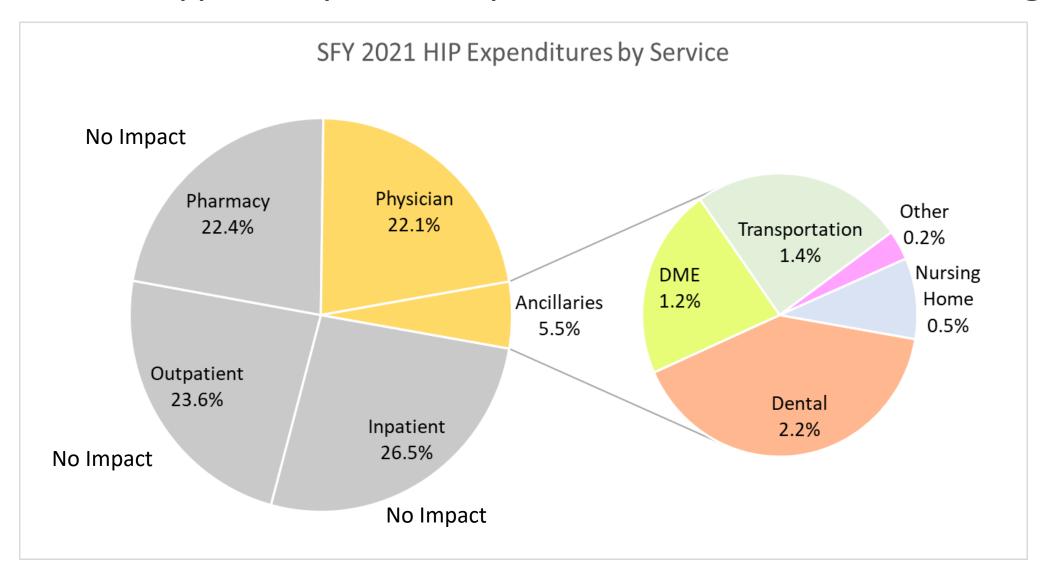
Indiana Medicaid – Big Picture

~ 2.0 Million Hoosiers on Medicaid

~1.65 million managed care; ~330,000 fee-for-service

MEDICAID SUMMARY	Hoosier Care Connect	Hoosier Healthwise	Healthy Indian Plan	Fee for Service
Populations	Aged, Blind and Disabled (Not Medicare Eligible or LTSS)	Children Pregnant Women	Expansion Adults Pregnant Women Low Income Caretakers	LTSS (Institutional and Waiver), PACE, Dual Eligible
Members	100K	800K	740K	330K
Health Plans	Anthem, MHS, United	Anthem, CareSource, MDwise, MHS	Anthem, CareSource, MDwise, MHS	N/A
Physician/Ancillary Provider Reimbursement	Medicaid Rate	Medicaid Rate	Medicare Rate (130% of Medicaid if there is not a Medicare Rate)	Medicaid Rate

Provider Types Impacted by Reimbursement Rate Changes



Timeline: HIP Rate Compliance Plan

Required to equalize rates across Medicaid by Dec 31, 2023

Timeline and communications / engagement plan:

- Summer 2022:
 - Formal public comment process & continued stakeholder engagement
 - Build HIP rate change fiscal impacts into Medicaid forecast
- End of 2022: Draft fee schedule
- Legislative Session 2023: IN must pass legislation addressing HIP rate differential in statute
- Jan. 1, 2024: new rates effective