



Healthy Indiana Plan Annual Update

1115 Demonstration Waiver Post Award Forum

Lynne Mong, HIP and Hoosier Healthwise Director

July 26, 2023

Agenda



HIP Operations Update

- Program and Eligibility Overview
- July 2022 – July 2023 Milestones

Federal Reporting Overview

HIP Enrollment Update

Comments

HIP Overview



- 1115(a) Medicaid demonstration waiver
- HIP Goals
- Delivered through Managed Care

HIP Eligibility Overview

Who is eligible?

- Indiana residents
- Ages 19-64
- Income under 138% of the federal poverty level (FPL)
- Not eligible for Medicare or any other Medicaid category

Associated Eligibility Populations

- Expansion population
- Low-income parent caretakers
- Maternity
- Medically Frail
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



HIP Milestones

July 2022-July 2023



Rate Equalization

- July 26, 2022 - Received CMS approval of amendment to HIP section 1115(a) demonstration
 - “This expenditure authority would test whether, in the sole context of the current COVID-19 PHE, an exemption from the regulatory prohibition in 42 CFR 438.4(b)(1) on Medicaid Managed Care Organization (MCO) payment arrangements employed by the state, that the state is unable to change without a transition period, promotes the objectives of Medicaid. To that end, the expenditure authority is expected to support Indiana with making payments during the PHE to help maintain beneficiary access to care.”
- September 23, 2022 - Submission to CMS of draft evaluation design to CMS
- October 1, 2022 - Completion of Post Award Forum
- December 1, 2022 - Submission to CMS of draft of proposed rate methodology to CMS
- January 31, 2023 - Submission to CMS of draft legislation to revise current state requirements to align HIP with all other Medicaid managed care programs and populations
- July 1, 2023 - Submission to CMS of draft managed care contract changes to describe 2024 payment arrangements and of the state’s biennium budget approved by the state legislature inclusive of appropriation necessary to implement the programmatic changes and equalized rates.
- A copy of related documents can be found here: <https://www.in.gov/fssa/hip/about-hip/hip-documents-and-resources/>

HIP Milestones

July 2022-July 2023 (1/3)



Prior Authorization/Utilization Management Hierarchy SPA

- Implemented on April 1, 2023
- Requires that all contracted managed care entities use the most recent version of their national clinical guideline of choice for utilization management and prior authorization decisions.
- This allows members to reasonably anticipate the services that will be covered, regardless of MCE selection

Statewide Uniform Preferred Drug List (SUPDL) SPA

- Implemented July 1, 2023
- Requires HIP to follow a SUPDL for drugs listed in the classes on the fee-for-service (FFS) preferred drug list. Following SUPDL, the state will amend its supplemental rebate agreements with drug manufacturers so that the state may collect supplemental rebates for utilization from both FFS and managed care outpatient drug claims

HIP Milestones

July 2022-July 2023 (2/3)



Basic RX ABP SPA

- Effective October 1, 2022
- Aligns the Alternative Benefit Plan with the State Plan for single preferred drug list
- Extends the prescription drug supply limit for HIP Basic from thirty (30) days to ninety (90) days in alignment with the HIP Plus prescription drug plans.

Clinical Trials ABP SPA

- Effective October 1, 2022
- Brings HIP into compliance with Division CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021.
- Covers routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials.

HIP Milestones

July 2022-July 2023 (3/3)



HIP/HHW MCE Readiness Review

- The Office of Medicaid Policy and Planning (OMPP) worked in 2022 to successfully implement and conduct readiness review on new contracts for the 4 incumbent MCEs awarded through the IDOA RFP 22-68152.
 - The implementation efforts included:
 - Internal and external kickoff meetings and requirement gathering sessions
 - Reestablishing expectations for the incumbent MCEs
 - Addressing contract changes and new requirements
 - Overall documentation, implementation and oversight of program requirements
 - Review and approval of MCE subcontracts, enhanced services and incentives
 - Review of MCE copayment and HIP POWER Account processes
- **Contracts went live January 1, 2023**



HIP Enrollment Update

HIP Federal Reporting Requirements

INDEPENDENT EVALUATIONS

Interim Evaluation Reports

- Years 2021-2023 due December 31, 2024
- Years 2021 – 2025 due June 30, 2027
- Years 2021 – 2028 due December 31, 2029

Summative Evaluation Report

- Years 2021 – 2030 due June 30, 2032

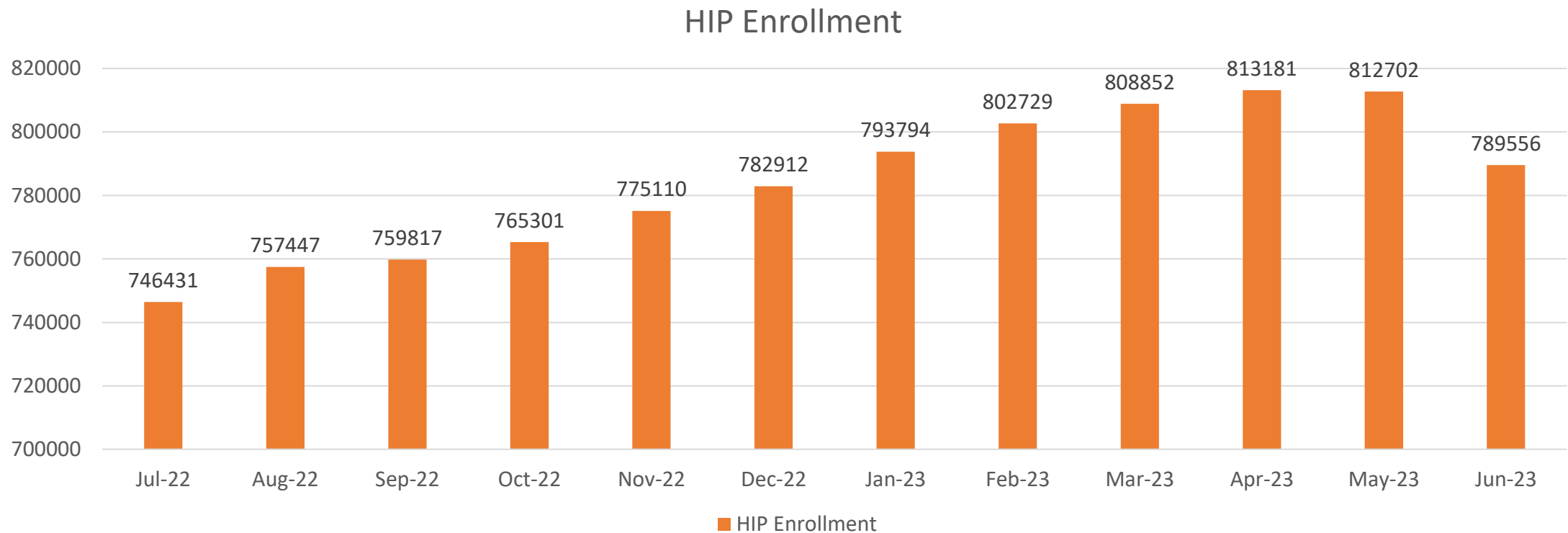
QUARTERLY/ANNUAL MONITORING REPORTS

- Three quarterly monitoring reports and one annual monitoring reports each year.
- Focus on progress toward meeting the milestones identified in CMS's framework
- Document key challenges and how those challenges are being addressed
- Summary of public comments received during the annual post award forum and any other forums held.
- Budget neutrality and financial reporting requirements

Bar graph shows HIP enrollment data over the last twelve months with growth from July 2022 through April 2023 and decreases beginning in May 2023. As of June 30, there were 789,556 HIP members.



12 Month HIP Enrollment



Bar and line graph shows HIP enrollment compared to Indiana population and total Indiana Medicaid members. In 2020, HIP members were 33.4% of Indiana Medicaid members and 8.6% of Indiana’s population. In 2021, HIP members were 35.4% of Indiana Medicaid members and 10.2% of Indiana’s population. In 2022, HIP members were 36.2% of Indiana Medicaid members and 11.5% of Indiana’s population. In 2023, HIP members were 36.2% of Indiana Medicaid members and 11.5% of Indiana’s population.

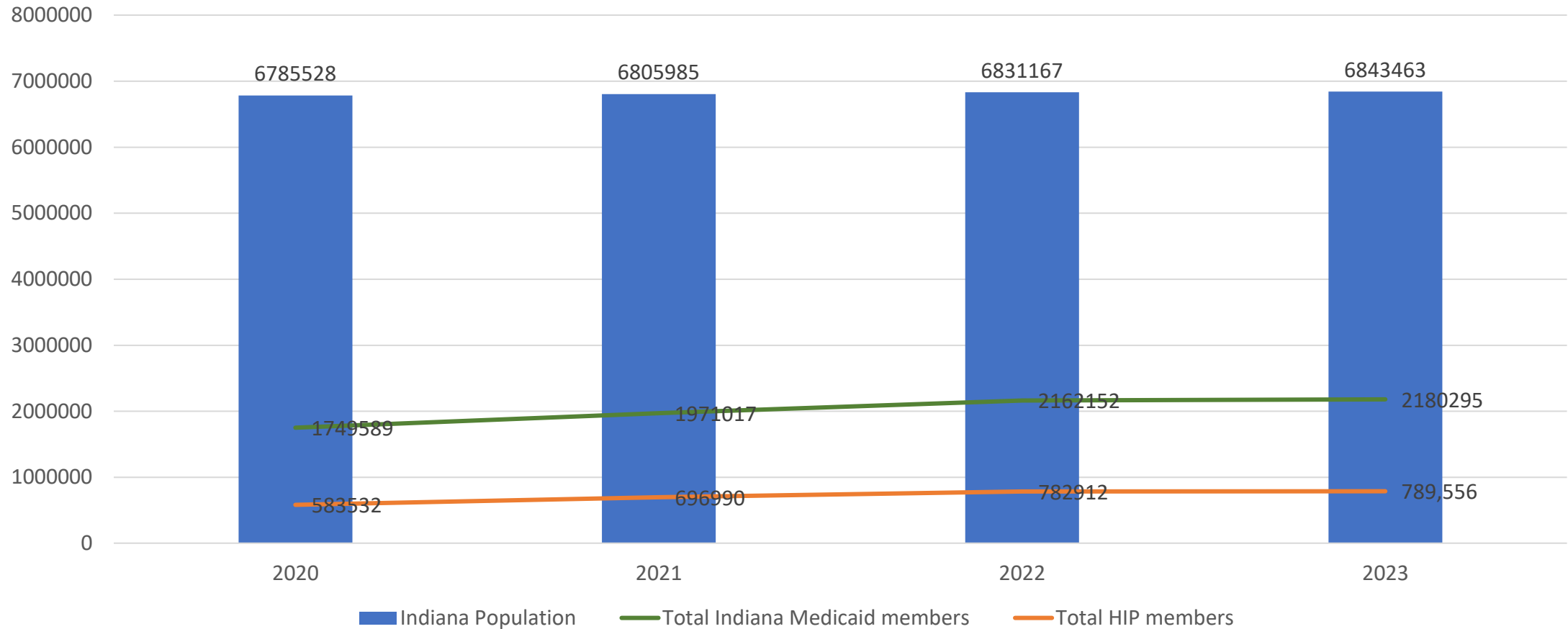


Table shows a snapshot of the number of members in HIP's eligibility categories at different percentages of the federal poverty level. Approximately 82.4% of HIP members are at or below 100% FPL.



HIP Enrollment Snapshot

Excluding HIP Maternity 57,931

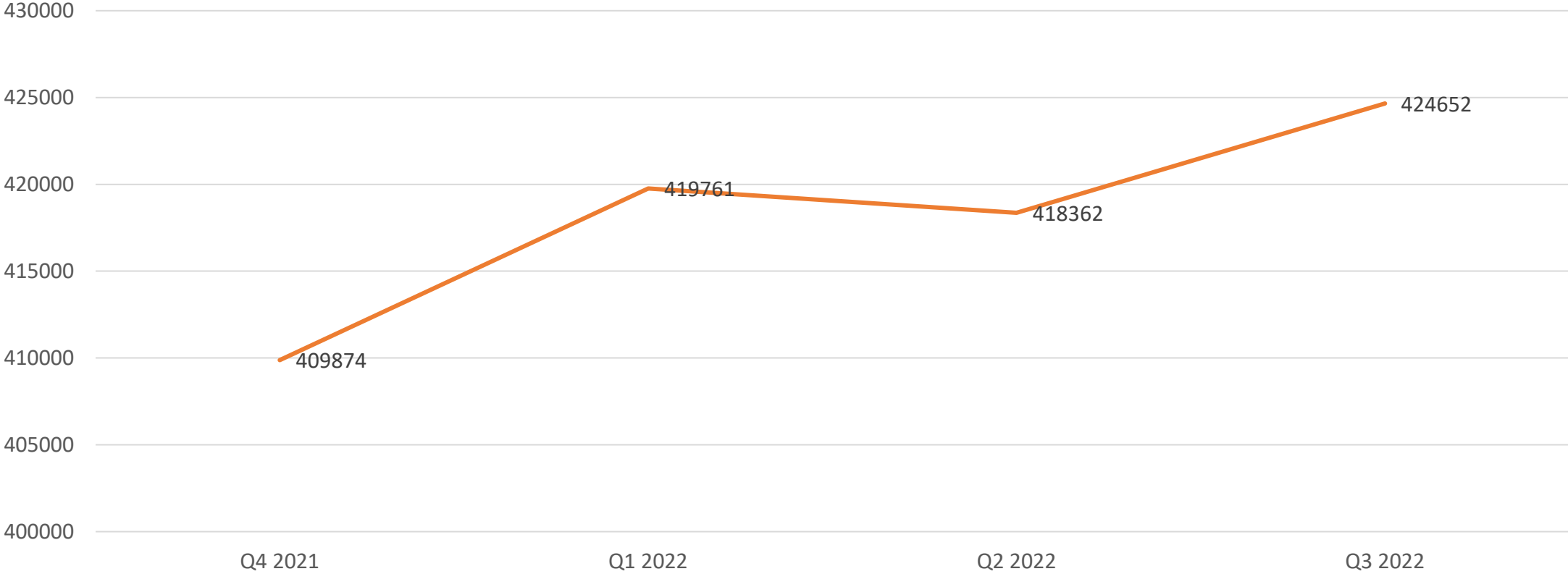
FPL	State Basic	Regular Basic	Total Basic	State Plus	Regular Plus	Total Plus	Total Enrollment
<5%	67,476	472	67,948	213,440	166,111	379,551	447,499
5% - 22%	2,160	23	2,183	6,104	5,578	11,682	13,865
23% - 50%	3,336	33	3,369	9,678	17,994	27,672	31,041
51% - 75%	3,969	50	4,019	13,316	25,532	38,848	42,867
76% - 100%	3,941	66	4,007	15,359	31,416	46,755	50,782
101% - 138%	4,955	37	4,992	24,384	47,884	72,268	77,260
>138%	2,248	39	2,287	14,967	19,272	34,239	36,526
>138% TMA	147	0	147	11,610	0	11,610	11,757
Total	88,232	720	88,952	308,858	313,787	622,645	711,597

Line graph shows an increase in HIP members utilizing the preventive care benefit from quarter 4 2021 (409,874) to quarter 3 2022 (424,652).



Preventive Care

Count of Beneficiaries Utilizing Incentivized Preventive Services





Public Comment

- Written comments can be submitted to Lynne Mong, HIP and HHW Director
 - Via email at Lynne.Mong@fssa.in.gov, please include “COMMENTS FOR HIP ANNUAL UPDATE” in the subject line
 - Via post:
 - Office of Medicaid Policy and Planning, FSSA
 - C/O Lynne Mong, HIP and HHW Director
 - 402 W. Washington St., Room W374, MS07
 - Indianapolis, IN 46204

Comments?

