Presumptive Eligibility Standards Proposal

11/30/2015

This document proposes a minimum standard for the percentage of eligibility determinations following a presumptive eligibility period as a share of determinations made on all types of applications as documented in Section IV.6.d of the HIP 2.0 Special Terms and Conditions.
Proposal Description

The HIP 2.0 Special Terms and Conditions require that by December 1, 2015, based on the initial nine months of experience, the state shall propose a minimum standard for the percentage of eligibility determinations following a presumptive period as a share of determinations made on all types of applications. That standard shall be in effect in the remaining demonstration years beginning calendar year 2016.

Methodology and Proposed Rate

The state evaluated the full lifecycle of presumptive eligibility (PE) applications submitted in the months of February through September 2015, including applications submitted by all qualified provider types including hospitals, psychiatric hospitals, Community Mental Health Centers, Federally Qualified Health Centers, Rural Health Centers and Local County Health Departments. The number of presumptive eligibility applications approved each month has increased over time but has also been highly variable. There were just over 3,000 approved per month in February, when the HIP 2.0 program was launched to a high of 11,179 PE applications approved in August. This likely correlates to the launch of the HIP 2.0 program and the number of new provider types that were trained on the PE system and begun completing PE applications. In addition, providers have become more familiar with the program and the applying the PE rules more appropriately. To this end, the number of PE applications has decreased each month since August of 2015.

<table>
<thead>
<tr>
<th>2015</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PE Applications Submitted</td>
<td>1,756</td>
<td>4,247</td>
<td>11,098</td>
<td>13,024</td>
<td>12,635</td>
<td>13,917</td>
<td>14,024</td>
<td>14,259</td>
<td>13,159</td>
<td>12,781</td>
<td>10,768</td>
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<tr>
<td>Number of PE Applications Approved</td>
<td>1,493</td>
<td>3,246</td>
<td>8,578</td>
<td>10,346</td>
<td>10,268</td>
<td>11,126</td>
<td>11,006</td>
<td>11,179</td>
<td>10,237</td>
<td>9,772</td>
<td>8,213</td>
</tr>
</tbody>
</table>

Data indicates that many individuals who are found presumptively eligible do not submit a full Indiana Health Care Program (IHCP) application. For the time period of February through September of 2015, only an estimated 57.8% of individuals that were found to be presumptively eligible filled out a full IHCP application. Of the individuals who did submit a full application, only about 60% are found eligible for benefits.

During February through September of 2015, the state approved a total of 41,089 PE recipients for full IHCP benefits out of 371,517 full IHCP applications. This equates to 11.5% of people newly approved into any IHCP program were covered by a PE period prior to their full coverage.

The state proposes a minimum standard rate of 8% for the percentage of eligibility determinations following a presumptive period as a share of determinations made on the full IHCP application. This proposal is based upon the initial eight months of data that demonstrates fluctuations in the number of PE applications approved, the limited number of full applications submitted and approved for full coverage, and the recent decline in the number of PE approvals. In addition, the proposal reflects an expected continued decline in the number of uninsured, due to the individual mandate, coupled with the expansion of the HIP program and the tax credits available through the Marketplace. In addition, the state’s recent
system updates that streamline the redetermination process should also decrease the need for temporary coverage.