HEALTHY INDIANA PLAN DEMONSTRATION
PROJECT NUMBER: 11-W-00237/5

SECTION 1115 QUARTERLY REPORT
State of Indiana

REPORTING PERIOD:
Demonstration Year: 7 (01/01/14 – 12/31/14)
Federal Fiscal Quarter: 2/2014 (1/14 – 3/14)
Date Submitted to CMS: 5/15/2014

HEALTHY INDIANA PLAN SM
Health Coverage = Peace of Mind

Introduction:

The Healthy Indiana Plan (HIP) was designed for those that do not have access to health insurance and that are not eligible for other Indiana Medicaid programs. Through a December 14, 2007 letter from Kerry Weems, Acting CMS Administrator, the State of Indiana Family and Social Services Administration (FSSA) Secretary was informed HIP was approved as the Indiana Section 1115 Medicaid Demonstration Project (11-W-00237/5) for a five year period – January 1, 2008 through December 31, 2012 – in accordance with section 1115(a) of the Social Security Act. Indiana has received CMS approval to extend the HIP program through December 31, 2014.

The goal of this approved demonstration is to:

- Provide high deductible health insurance plan
- Provide Personal Wellness & Responsibility (POWER) Account (like a HSA)
- Provide health insurance to uninsured custodial parents (caretakers) of Medicaid & SCHIP children with family incomes 22% of federal poverty level (FPL) up to 100% of FPL
- Provide health insurance to non-custodial parents and uninsured childless adults (non-caretakers) with family income up to 100% of FPL.

This demonstration is the first of its kind in the United States and has a unique empowerment of enrollees (members) to be cost and value conscious while promoting personal responsibility, which includes:

- Specified monthly POWER account contribution ranging from 2% - 5% of gross income.
- Twelve month lock out from program for members that do not make payments within 60 days.
- Incentivizes yearly preventative services at no cost and are funded outside the POWER Account.
- Total remaining balance in the POWER account rolls over when preventative services are obtained.

Overview

The State of Indiana respectfully submits the 1st quarter 2014 Healthy Indiana Plan 1115 demonstration report.

If there are any questions or comments regarding these changes please do not hesitate to contact the State contacts listed below.

State Contacts

Primary Contact	Secondary Contact
Steve Holt Healthy Indiana Plan Manager Office of Medicaid Policy and Planning Family and Social Services Administration W374 IGC-S 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317- 232-4707 Facsimile: 317-232-7382 Steven.holt@fssa.in.gov	Doug Montgomery Director Indiana Health Coverage Programs FSSA Operations Family and Social Services Administration W374 IGC-S, MS 07 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317-233-2834 Facsimile: 317-232-7382 Doug.montgomery@fssa.in.gov

Hoosier Healthwise-Enrollment		
Source: OMPP Data Unit		
Item	Period	Total
Number of Hoosier Healthwise Enrollees-Anthem	Rolling	234,025
Number of Hoosier Healthwise Enrollees-MDwise	Rolling	295,017
Number of Hoosier Healthwise Enrollees-MHS	Rolling	205,090
Number of Hoosier Healthwise Enrollees-Total	Rolling	**734,132**

Table 1

Healthy Indiana Plan-Applicants		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP Applicants-Start of Quarter	Rolling	483,667
Number of HIP Applicants-During Quarter	Quarter	27,802
Number of HIP Applicants-Total	Rolling	511,469

Table 2

Healthy Indiana Plan-Number of Denials		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP denials Non-Caretaker Cap reached	Quarter	-
Number of HIP Denials-Failure to pay initial POWER Account contribution	Quarter	229
Number of HIP Denials-Insurance through employer	Quarter	-
Number of HIP Denials-Other	Quarter	8,492
Number of HIP Denials-Total	Quarter	8,721

Table 3

Healthy Indiana Plan - Number of Denials						
Source: OMPP Data Unit						
FPL Range	Number of Applicants	Number Who Failed to Make an Initial POWER Account Contribution	Percentage	Number of Enrollees	Number Who Were Disenrolled for Failure to Make a Subsequent POWER Account Contribution	Percentage
0 to 22% FPL	2,285	7	0.00%	8,939	53	0.01%
23-50% FPL	1,887	19	0.01%	4,778	115	0.02%
51 to 100% FPL	3,966	57	0.01%	11,445	273	0.02%
101 to 150% FPL	2,370	44	0.02%	6,297	269	0.04%
151+ FPL	1,092	23	0.02%	3,283	139	0.04%

Table 3.1

Healthy Indiana Plan-Enrollment			
Source: OMPP Data Unit			
	Item	Period	Total
A	Number of HIP Enrolled-Start of quarter	Rolling	34,780
B	Number of HIP Enrolled-During the quarter	Quarter	3,100
C	Number of HIP Disenrolled-Due to non-payment of POWER Account	Quarter	1,594
D	Number of HIP Disenrolled-HIP redetermination packet not submitted	Quarter	-
E	Number of HIP Disenrolled-Member became pregnant	Quarter	138
F	Number of HIP Disenrolled-Move to Medicaid category	Quarter	261
G	Number of HIP Disenrolled-Insurance through employer	Quarter	1
H	Number of HIP Disenrolled-Other reasons	Quarter	532
I	Number of HIP Enrolled-End of the quarter ((I)=(A)+(B)-(C)-(D)-(E)-(G)-(H))	Quarter	35,354

Table 4

Healthy Indiana Plan-Number of Denials							
Source: OMPP Data Unit							
Reason Code	Low Income 0-22%	Low Income 23-50%	51%-100%	101%-150%	151%+	Unknown FPL	Total
HIP Disenrolled-Due to non-payment of POWER Account	93	208	502	529	262	-	1,594
HIP Disenrolled-HIP redetermination packet not submitted	-	-	-	-	-	-	-
HIP Disenrolled-Member became pregnant	18	21	63	29	7	-	138
HIP Disenrolled-Move to Medicaid category	72	36	87	41	24	1	261
HIP Disenrolled-Insurance through employer	-	-	1	-	-	-	1
HIP Disenrolled-Other reasons	133	56	179	87	54	23	532

Table 4.1

Healthy Indiana Plan-FPL							
Source: OMPP Data Unit							
Aid Category	Plan	Low Income 0-22%	Low Income 23%-50%	51%-100%	101%-150%	151%-200%	Total
Caretaker	Anthem	3,034	2,586	6,109	2,666	1,359	15,754
	ESP	5	-	18	79	39	141
	MHS	897	688	1,376	507	249	3,717
	MDwise	1,613	1,265	2,640	963	440	6,921
Subtotal		5,549	4,539	10,143	4,215	2,087	26,533
Non Caretaker	Anthem	5,029	797	2,459	1,004	588	9,877
	ESP	7	1	8	90	50	156
	MHS	1,930	193	552	96	52	2,823
	MDwise	2,441	293	980	327	151	4,192
Subtotal		9,407	1,284	3,999	1,517	841	17,048
Grand Total		14,956	5,823	14,142	5,732	2,928	43,581

Table 5

Number of HIP Enrolled-Reached $200,000/Annual or $900,000/Lifetime in Benefits					
Source: Healthy Indiana Plan Health Plans					
Item	Period	Anthem	MDwise	MHS	**Total**
Referred to Medicaid	Quarter	0	0	0	**0**
Referred to M.E.D. Works	Quarter	0	0	0	**0**
Other	Quarter	0	0	0	**0**
Total	**Quarter**	**0**	**0**	**0**	**0**

Table 6

Number of HIP Enrolled-Reached $300,000/Annual or $1,00,000/Lifetime in Benefits					
Source: Healthy Indiana Plan Health Plans					
Item	Period	Anthem	MDwise	MHS	**Total**
Referred to Medicaid	Quarter	0	0	0	**0**
Referred to M.E.D Works	Quarter	0	0	0	**0**
Other	Quarter	0	0	0	**0**
Total	**Quarter**	**0**	**0**	**0**	**0**

Table 7

Number of HIP Enrolled-ESP				
Source: OMPP Data Unit				
Item	Period	Month 1	Month 2	Month 3
Number of HIP Enrolled-ESP	Quarter	329	282	267

Table 8

Budget Neutrality-Member Months					
Source: OMPP Finance & State Actuary					
Medicaid Eligibility Group (MEG)	Period	Month 1	Month 2	Month 3	Total
HHW Caretakers	Quarter	115,030	116,056	117,508	348,594
HHW Children	Quarter	543,424	547,120	549,687	1,640,231
HHW Pregnant Women	Quarter	26,638	26,908	26,971	80,517
HIP Caretakers	Quarter	24,648	24,959	25,164	74,771
HIP Non-Caretakers	Quarter	10,503	13,463	16,814	40,780

Table 9

Healthy Indiana Plan-Enrollee/Applicant Inquiries					
Source: OMPP Agency Coordination & Integration					
Item	Period	Month 1	Month 2	Month 3	Total
Eligibility	Quarter	0	0	0	0
Application	Quarter	0	0	0	0
Buy-In	Quarter	0	0	0	0
General Questions	Quarter	83	55	71	209
Waiting List	Quarter	1	0	0	1
Anthem	Quarter	3	3	2	8
ESP	Quarter	0	0	0	0
Mdwise	Quarter	2	0	2	4
MHS	Quarter	0	0	1	1
Total	Quarter	83	58	76	223

Table 10

Healthy Indiana Plan- Enrollee/Applicant Hearings and Appeals		
Source: FSSA Hearings and Appeals		
Item	Period	Total
Did Not Complete Verifications Request from State	Quarter	141
Other Insurance	Quarter	308
Financial Eligibility	Quarter	177
Other	Quarter	1
Total	Quarter	627

Table 11

Enrollee/Applicant Issues
Source: OMPP Care Programs
Provide a summary of the types of complaints or successes consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.
FSSA receives IQs from Members and Providers as well as timely issues that are found either by FSSA or the Managed Care Entities (MCE) directly. FSSA and the MCEs work together to resolve these issues and work to prevent any future recurrence if possible. Below are some of the major issues or common recurring issues that have come up during Q1 of 2014. <u>Common IQ/Issues for Q1 2014:</u> - Pregnancy Miscarriages while Member is on HIP o Issues have arrived both in IQ form and from other parts of FSSA that female Members are being billed

for services rendered over miscarriages. HIP does cover miscarriages, spontaneous abortions, termed pregnancies, and so forth since pregnancy is considered a live/active pregnancy. Providers have either been denied claims or just bill the Member believing the miscarriages are a non-covered service. FSSA outreached to the MCE that covers the Member and inform them of the situation and tasked them to pay the claim for the services of the miscarriage, inform the Provider that miscarriages are a covered service under HIP, and remind them that billing a Member for covered services are against Federal and State laws and regulations and the contract agreements between the Provider and IHCP and the Provider and the MCE that the Provider signed and agreed to in order to participant in Medicaid.

- Result: The miscarriages are covered and paid for and the Provider is educated not to bill the Member. FSSA will also have an onsite meeting with the MCEs to discuss how the MCEs inform and educate the Providers about HIP covering miscarriage services and how the MCEs train their employees over the same subject.

- Provider billing the Member
  - A Provider may not bill the Member for services that are in fact covered services or the Provider may balance bill the Member for the costs not covered by Medicaid. FSSA and the specific MCE determine what the services were and if they are in fact covered services, find out if a waiver was signed, determine if the Provider filed a claim and if denied determine why, see if the claim can be paid, if so the MCEs or HP (Fee For Service) pays the claim, educate the Provider on how to properly file a claim with the MCEs, and outreach to the Provider that it is against Federal and State laws and regulations and violates the contract between the Provider and IHCP as well as the Provider and the MCE to bill or balance bill the Members over covered services under IHCP.
  - Result: The claim is paid or the MCE informs the Provider that the claims was justly denied and that the Provider knows not to bill the Member even if the claims is justly denied (i.e. timeliness issues, Provider never got a Prior Authorization, and so forth). Please note that the MCEs may make an exemption in some cases with Provider claims.

Fee For Service Gaps/Wrong MCE billed

- A Provider may or may not have checked eligibility and may bill the wrong part of Medicaid. For instance if the Member was with a specific MCE, but for a month during a transition period the Member was under Fee For Service with HP or Member switched MCEs, the Provider's claim may be denied if the Provider sent a claim to the wrong MCE or even the wrong Medicaid program. In this case FSSA and the wrongly billed MCE determine what parts of Medicaid that the Member belonged to on the date of services were performed. Once that is known FSSA and the MCE informs the Provider where to correctly bill the claim so that the claim can be paid and educate the Provider to check eligibility every time the Provider provides any type service to a Medicaid Member.
- Result: The Provider's claims are paid and the Provider knows to also check eligibility of the Member for every service provided.

- Request a PMP or a Specialist, Member requesting basic information, or Member wants to switch MCEs
  - Even though all new Medicaid Members receive a Member handbook from their MCE and the information they may need can be found at either the MCE or FSSA website the Member may not read the Member Handbook or access the information online. The issues listed above would normally be handled directly by the MCE and the Members should contact the MCE directly on their customer service line to resolve these issues. However, the Member may instead contact FSSA directly. In this case FSSA and the specific MCE would outreach the Member and answer any and all questions the Member needs, resolve any issues, inform the Member how to switch MCEs if wanted, or find the right Specialty Provider to provide the medical necessary services required by the medical needs of the Member. The MCE would also inform the Member of how to get in contact with the MCE if the Member ever has any further issues that need to be resolved.
  - Result: The Member's issues are resolved directly and immediately and that Member knows where to get the information/services for future references thus preventing any future or repeat IQs.

- Hard Code date for HIP ESP
  - Originally HIP ESP was going to end as a program on 12/31/2013, but with the issues with the Federal Healthcare website, HIP ESP was granted an extension for Members above 105% of the FPL. With the new end date of HIP ESP to 04/30/2014 a hardcode date was put in place for all HIP ESP Members. The issues with the hardcode date was that if a Member was found eligible to remain on HIP, even though they may transfer to HIP in January or another month their eligibility date would hardcoded to 05/01/2014 instead of the correct date of when they were actually transferred to HIP. This caused some

conflict with continuity of care, but FSSA and the MCEs worked to identify any Members that were affected by the hardcode date. Any Member with a hardcode date issue their eligibility date was corrected so that the MCEs could begin paying claims for the services rendered for these former HIP ESP Members.

- Result: The Members could receive the continuity of care and when Providers check the Member's eligibility it shows the correct information and the claims could be paid correctly and timely.

Table 12

Outreach/Innovative Activities
Source: Healthy Indiana Plan Health Plans
Provide a summary of the outreach activities and/or promising practices for the current quarter.

Q1 2014 Anthem HIP outreach

In Q1 2014, Anthem's Healthy Indiana Plan (HIP) outreach efforts continued with a special focus on educating our HIP members about recent changes in HIP eligibility requirements due to health care reform under the Affordable Care Act and some changes the State of Indiana made to the HIP program. Anthem sent letters to those HIP members who were identified as becoming potentially ineligible based on changes in HIP's Federal Poverty Level (FPL) requirements. These letters advised when to expect coverage to end and encouraged members to apply for coverage through the Federal Health Exchange. Anthem also conducted a live calling campaign to all terming HIP members (results outlined below). Other outreach efforts included providing information on both HIP and HHW programs, promoting preventive health care, and health education. Community Advisory Council meetings, which are Anthem's partnership with key community based organizations designed to address community needs in alignment with Anthem's Medicaid objectives, were held in Evansville and Merrillville. Meeting topics included:

- Changes in HIP eligibility
- Updates on the Governor's Health Initiatives (Smoking and Pregnancy, Infant Mortality and Obesity) and how they align with Anthem's initiatives.
- Tobacco cessation
- HPV
- Announcements from CKF agencies and FQHCs regarding new facilities and planned community events around women's health and back-to-school/immunizations.
- Lead screening
- Info from Vanderburgh County Health Dept. on chronic diseases, environmental health, immunizations, ozone and air quality, WIC and vital records.

- Results of live calling campaign to HIP members whose coverage would be terminated due to eligibility changes in the program:
  - *39% of members reached out of 5578 members called.*
  - *30% have selected/applied for a plan.*
  - *56% of members who selected/applied for a plan selected Anthem.*
  - *33% are planning to buy on the exchange.*
  - *54% of the members planning to buy on the exchange plan to select Anthem.*

Q1 2014 HIP Outreach.xlsx

See attached for Anthem HP Outreach.

Q1 2014 MDwise HIP Outreach and Marketing

MDwise has integrated the promotion and education of the Healthy Indiana Plan since the plan originally started in 2007. MDwise achieves successful promotion of its Healthy Indiana Plan by conducting outreach, education, and marketing, to its Healthy Indiana Plan members and providers. MDwise strives to educate its members on the importance of receiving preventive care, knowing their medical home, and how to reach MDwise for additional resources.

MDwise provides its providers with all the resources and information needed to deliver low cost, high quality care to our members. Below are some initiatives MDwise established and completed to provide quality health care to its Healthy Indiana Plan members in Q1 2014.

One of the strengths of the MDwise outreach team is their opportunity to interact directly with MDwise members and community members in communities throughout the state. While, MDwise outreach incorporates HIP education into all their outreach efforts, there are events and presentations when the outreach team has an opportunity to interact with MDwise HIP members across the state of Indiana.
The outreach team assists in confirming member's HIP plan, explanation of HIP benefits, Power Account, how to maintain coverage, customer service referrals, change providers and other common questions in the field.

Due to the Marketplace outreach in communities throughout Indiana, there has been an increased focus on HIP-related questions in the field due to individuals who attend Marketplace events, and find out they are eligible for HIP, placed on waitlist and HIP members who have many questions about maintaining HIP coverage or transitioning to the Marketplace. The outreach team is answering eligibility questions, program benefits and directing them to where to enroll and how to stay enrolled on the HIP Program. For example, in January 36 HIP applications were distributed at community events – compared to 205 in March.

In Q1 2014, MDwise outreach and marketing organized and participated in the following activities and events where HIP information was discussed, explained and distributed in communities of all sizes throughout Indiana.

Enrollment Awareness

- MDwise Outreach distributed 400 HIP applications at community events and presentations.
- Worked with Covering Kids and Families, enrollment partners and local DFR offices to promote and conduct enrollment for the HIP health plan.
- 931 HIP applications were completed by Covering Kids & Families
- 114 HIP applications were completed at events by DFR and community enrollment centers.
- 158 CKF and enrollment partner referrals
- Partnered with enrollment partners on 17 enrollment and community events to promote MDwise Programs.

HIP Outreach Education and Awareness

- Completed 19 MDwise Q&A Chats in Q1 2014. The Chats target members and community members seeking services at local DFR offices, Provider offices, Health Departments, FQHC's, Food Pantries, Churches, free & reduced lunch programs, and other agencies and programs.
- The outreach team partnered with enrollment partners at events and community presentations to educate and provide enrollment assistance on the HIP Program.
- Provided one-on-one member education on the myMDwise Portal to 280 MDwise members and how to redeem Rewards points for completing preventive care at all events and presentations.
- Provided direct education to 570 members and community members on the MDwise Rewards Program

- Worked with School Based Health Centers (SBHC) to promote HIP to uninsured parents.
- HRS screenings completed for new HIP members.
- Promoted Hoosier Healthwise and HIP as a solution for health insurance for the entire family.
- Promoted that HIP members should see their doctor within the first 90 days of becoming a MDwise HIP member.
- HIP promotion and education published in MDwise member newsletter.
- Expanded outreach initiatives to local food pantries, schools, GED locations, small businesses, WorkOne, public libraries and Legal Aid sites to educate communities about where to apply for HIP and how to stay enrolled.

Education Materials and Special Programs

- Distributed education pieces on "How to Stay Enrolled on Hoosier Healthwise & HIP," "How to Stay on MDwise," and "Where to Enroll for Hoosier Healthwise & HIP" at 137 community events and presentations.
- Educated agencies, schools and other programs about HIP at the 22 completed professional presentations.
- Distributed the "Got Insurance Brochure" to increase education on where to apply for HIP (Marion County).
- Educated members on the "Your Doctor First brochure on ER utilization.
- Promotion of INcontrol Disease Management Program for HIP members.
- Distribution of HIP Health Plan materials created by FSSA.

Presentations

- Provided education on HIP at five IMPACT community presentations. Educated participants that there is continuous coverage available from Package A or B to HIP (no six month wait). In addition, provided community members and community agencies on HIP changes – mainly the removal of the waiting list for non-custodial adults and the removal of the six-month wait.

Redetermination

- Redetermination calls and mailings made to HIP members who are in their redetermination period.
- MDwise customer service department used dialer resources to further assist with reaching members and making this process more efficient.

Providers

- Provided provider workshops for all HIP doctors.
- Provided member list to HIP providers that have HIP members that have not yet received preventive care exam.
- Distributed flyer that provided details about performance dollars MDwise will pay to the providers who performed well on Adult Preventative Care measure.
- Provided individual education to providers during visits or presentations.
- MDwise was involved in multiple organizations and associations focused on providers.
- Incorporated HIP education and resources at two MDwise Community Advisory Councils in the North and Northeast regions in Q1

HIP Power Account

- Mailed HIP new member letters with ID Cards. Letter explained the importance of receiving

preventive care. The letter also explained how receiving preventive care qualifies the member for the rollover of any remaining funds in their POWER Account.
- Mailed monthly HIP POWER Account Invoice to all members reminding them of their monthly contribution.
- Mailed monthly HIP POWER Account Statement to members. The letter describes health care services used in the current year. Refers members to view member handbook to view preventative service targets.
- Mailed HIP and Hoosier Healthwise member handbook to members when they became members.
- E-mailed HIP members about how to rollover POWER account funds.

MDwise Rewards

- Promoted MDwiseREWARDS program, which is an incentive program for MDwise Hoosier Healthwise and Healthy Indiana Plan. The program uses incentives to encourage members to seek their annual check-ups and health screenings. Members earn points for healthy activities and visiting the doctor. The points can be redeemed for gift cards.
- Included MDwiseREWARDS information into main MDwise all program brochure, member handbook, MDwise website, and other member materials.
- MDwiseREWARDS information sheet on what activities earn points and how many points are earned for the activity completed available on MDwise.org or outreach can print for events and customer service can mail by request when members call in.
- Distributed a business card size promotion card for MDwiseREWARDS at outreach events and through provider's offices.
- Assisted members with redeeming MDwiseRewards gift cards, which included signing them up for myMDwise.
- In Q1 2014, a total of 271 HIP members redeemed their Rewards points for a gift card. This is 9% of the total number of HHW and HIP members that redeemed. The percentage of HIP members that are redeeming is reduced from the same period last year (12%) and consistent with Q4 of 2013 (13%). Members continue to have a preference for Subway gift cards for those that redeem at the $10 level, and the Wal-mart card is the most popular at the $30 and $50 levels.

Q1 2014 MHS HIP Outreach and Marketing

In the First Quarter CY 2014, MHS conducted and participated in many outreach activities related to general health issues education and education about the State of Indiana programs, as well as events aimed at educating MHS members about their program operations and benefits. Below is an outline of Healthy Indiana Plan-relevant activities which MHS organized, sponsored or in which MHS played a part:

----------January 2014----------

On 1/26/14, MHS sponsored the Bloomington Totally Well & Fit in 2014: Health, Wellness & Fitness Expo, held in Monroe County, Indiana. The purpose of this event was to support community organizations through MHS sponsorship and to take advantage of the opportunity to educate participants about MHS and the services available to MHS members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

----------February 2014----------

On 2/1/14, MHS sponsored the Hearts of Gold Walk in St. Joseph County, Indiana. The purpose of the event was to support community organizations through MHS sponsorship and to take advantage of the opportunity to educate participants about MHS and the services available to MHS members. MHS notified our members in the area of the opportunity to take part in the event and MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 2/9/14, MHS attended the East Allen County Schools, 2014 School Showcase and Information Fair, in Allen County,

Indiana. MHS was there to show our support for community organizations through MHS sponsorship and to take advantage of the opportunity to educate participants about MHS and the services available to MHS members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 2/13/14, MHS put on the Healthy Lifestyle Event in Elkhart County, Indiana. This event aimed to educate the general population on how to live a healthy lifestyle. This was a free educational event featuring free fitness, diet and cooking demonstrations, accompanied by free health screenings and program enrollment information. MHS had a booth on site with health-related information and giveaways, and MHS coordinated all the presenters including personal trainers, Purdue Extension staff and Covering Kids and Families (CKF) representatives.

----------March 2014----------

On 3/3/2014, MHS worked with the St. Joseph County, Indiana PMPs to prepare for and hold a MHS Healthy Celebration Day. The purpose of this event was to get non-compliant members in to see their PMP for missing check-ups and screenings while providing health and benefit education. In advance of the event, MHS identified Members assigned to HealthLinc providers who had care gaps and contacted them to invite them to this event. MHS invited the members to come to their PMP and get their needed check-ups and screenings, after which the members are brought to a 'celebration' to enjoy healthy snacks.

On 3/8/14, MHS sponsored the Homeward Bound Walk for CHIP (Coalition for Homelessness Intervention and Prevention of Greater Indianapolis), in Marion County, Indiana. MHS attended to support this non-profit community organization that is focused on the underserved through our sponsorship and to take advantage of the opportunity to educate participants about MHS and the services available to MHS members. MHS fielded a team of employee-walkers and served as Ceremonial Walk Leaders for this event. Further, MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 3/12/14, MHS attended the Enroll Indiana Event, held by Covering Kids and Families (CKF) in Marion County, Indiana. MHS attended in order to support this important community organization through our sponsorship and to educate participants about MHS and the services available to MHS members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 3/12/14, MHS put on the Healthy Lifestyle Event in Marion County, Indiana. This event aimed to educate the general population on how to live a healthy lifestyle. This was a free educational event featuring free fitness, diet and cooking demonstrations, accompanied by free health screenings and program enrollment information. MHS had a booth on site with health-related information and giveaways, and MHS coordinated all the presenters including personal trainers, Purdue Extension staff and Covering Kids and Families (CKF) representatives.

On 3/13/14, MHS attended the Enroll Indiana Event, held by Covering Kids and Families (CKF) in Marion County, Indiana. MHS attended in order to support this important community organization through our sponsorship and to educate participants about MHS and the services available to MHS members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 3/19/2014, MHS worked with the Howard County, Indiana PMPs to prepare for and hold a MHS Healthy Celebration Day. The purpose of this event was to get non-compliant members in to see their PMP for missing check-ups and screenings while providing health and benefit education. In advance of the event, MHS identified Members assigned to HealthLinc providers who had care gaps and contacted them to invite them to this event. MHS invited the members to come to their PMP and get their needed check-ups and screenings, after which the members are brought to a 'celebration' to enjoy healthy snacks.

On 3/22/14, MHS sponsored the Indy Winter Farmer's Market in Marion County, Indiana. MHS was there to support community organizations through our sponsorship and to educate participants about MHS and the services available to MHS members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 3/26/2014, MHS worked with the Delaware County, Indiana PMPs to prepare for and hold a MHS Healthy Celebration Day. The purpose of this event was to get non-compliant members in to see their PMP for missing check-ups and screenings while providing health and benefit education. In advance of the event, MHS identified Members assigned

to HealthLinc providers who had care gaps and contacted them to invite them to this event. MHS invited the members to come to their PMP and get their needed check-ups and screenings, after which the members are brought to a 'celebration' to enjoy healthy snacks.

Table 13

Operational Activities
Source: OMPP Care Programs
Identify all significant program developments/issues/problems that have occurred in the current quarter, including, but not limited to, approval and contracting with new plans, benefit changes, and legislative activity.
When the Healthcare.gov site experienced issues it prevented some Hoosiers from accessing healthcare including HIP ESP Members that were above 105% of the FPL, an extension for HIP ESP took place. Since the termination date of HIP ESP was 01/01/2014, Indiana extended the termination date of HIP ESP to 04/30/2014 to allow time for HIP ESP Members above 105% to find coverage outside of HIP. FSSA has been working closely the Managed Care Entities with the transfer of HIP ESP Members that were below the 105% FPL and working with the company Xerox that handled HIP ESP and the remaining HIP ESP Members above 105% FPL. The State of Indiana has been awaiting approval from CMS for the 2014 Healthy Indiana Plan and Hoosier Healthwise contracts.

Table 14

Financial Activities
Source: OMPP Finance & State Actuary
Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS-64 reporting for the current quarter. Identify the State's actions to address these issues.
Below, please find our process to achieve control objectives of accurate, timely and complete reporting in compliance with the Special Terms and Conditions: · Budget neutrality and CMS64 reporting is reconciled quarterly prior to submitting reports to CMS. · Federal Funding Director/OMPP Controller will be the final approver on all budget neutrality submissions. Reconciliation documentation will be maintained to support quarterly submissions.

Table 15

Monitoring Activities
Source: OMPP Care Programs
Identify any quality assurance/monitoring activity in current quarter.
FSSA has been working closely with the Managed Care Entities to ensure continuity of care for all HIP ESP Members that were below 105% FPL that were transferred to HIP with one of the three MCEs (Anthem, Managed Health Services, and MDwise). FSSA has also been monitoring the Health Risk Assessment identifying issues that the MCEs have; examine how the MCEs report Health Risk Assessments, and helping the MCEs improve their outreach to the Members.

Table 16

Demonstration Evaluation
Source: OMPP Quality
Discuss progress of evaluation design and planning.

An updated MCE Reporting Manual developed in 2013 incorporating changes to improve the quality and reliability of data collected for preventive exams and services received by HIP members was utilized this quarter. The first quarter data will be reviewed to determine the level of improvement accomplished. The MCEs developed and received approval for their required Quality Management Improvement and Work Plan (QMIP). Each plan reflected the 2014 pay for outcome measures specific to HIP including reducing emergency room admissions; increasing the number of members who stop smoking; and increasing the percentage of members receiving preventive care. The QMIPs were discussed in detail during the January 2014 on sites with follow up provided during the February and March 2014 on site visits. The increased emphasis on quality flows from recommendations documented in the 2012 External Quality Review of the MCEs completed by Burns and Associates.

Table 17

POWER Account Rollover
Source: OMPP Care Programs
Discuss POWER account rollover. The FSSA is working diligently with the MCE's and contracted Vendor of HIP ESP services to reconcile the POWER Accounts. The majority of reconciliation from 2008 through 2012 is completed. The FSSA will keep CMS informed of the progress through the Indiana Medicaid Director, Joe Moser and the IHCP Director of Operations, Doug Montgomery.

	Total Number	Percent
Members Enrolled April-June 2009 & Eligible for Rollover		
Members that Completed Preventative Services		
Members w/POWER Account Balance		
Members w/no POWER Account Balance		
Members w/Balance and Completion of Positive Preventative		
Members w/Balance and Negative Preventative		
Average Member Remaining Balance		
Average State Remaining Balance		
Average Member Remaining Balance for Members w/Negative Preventative		
Average State Remaining Balance for Members w/Negative Preventative		

Table 18

ER Copayments
Source: OMPP Care Programs

Discuss ER copayments.

	ER Copayments January through March 2014				
HIP Population	**Co-Payment Amount**	**Number of Anthem**	**Number of MDwise**	**Number of Managed**	**Total HIP Members**

		Members	Members	Health Service Members	
HIP Caretakers With Incomes Above AFDC Income Limit as indicated in the state plan **through 100%** FPL	$3 per visit	591	574	194	1,359
HIP Non-custodial Parents and Childless Adults	$25 per visit	1,186	372	126	1,684
Total		1,777	946	320	3,043

* *Indicates zero out-of-pocket co-payments after the visit was adjudicated as true emergency.*

Table 19

ER Utilization
Source: OMPP Care Programs
Discuss initiatives to decrease ER utilization.
The MCEs report to the FSSA on a quarterly basis ER Bounce Back, Type of Emergency Room Utilization, and Frequency of Emergency Room Utilization. The ER Bounce Back report summarizes the rate of members who return to the emergency room within 30 days of a prior ER visit. The Frequency of Emergency Room Utilization report and the Type of Emergency Room Utilization report looks at various cohorts and summarizes the utilization of emergency room services and identifies opportunities for participation in case or care management. The FSSA monitors the emergency room utilization reports, incentivizes the MCEs to develop goals and objectives to reduce and maintain unnecessary emergency room use through the contracted payment for outcome measures. The MCEs include reduction of emergency room utilization on the annual QMIP.

Table 20

Supporting Documentation
HIP Dashboard
HIP Financial Monitoring Report
OMPP Finance & State Actuary