

Section 1115 Demonstrations: Healthy Indiana Plan (HIP)

Public Comments

Title	Description	Created At
<p>Comments from the Indiana State Chiropractic Association can be found at http://www.indianastatechiropractors.org/Documents/ISCA_lettoCMS.pdf</p>		2013-06-03 06:17
<p>Please renew and expand HIP (Indiana Hospital Association)</p>	<p>The Indiana Hospital Association, on behalf of our member hospitals throughout the state, wish to reaffirm our support for the State of Indiana's request to renew the Section 1115 Medicaid demonstration waiver (Project Number 11-W-00237/5) for the Healthy Indiana Plan (HIP). We also ask that you grant permission for Indiana to use the program as the vehicle for coverage expansion for all Hoosiers up to 133% of the federal poverty level. IHA supported the legislation that authorized HIP six years ago, and we, along with our member hospitals, remain firmly supportive of the program today. The 2013 legislative session of the Indiana General Assembly has ended, and there is a great sense of urgency regarding the need to maintain the coverage that HIP provides to nearly 40,000 of our patients, as the program is scheduled to expire on December 31, 2013. Just as urgent is the need to work with the State of Indiana to bring coverage through HIP to even more of our state's uninsured citizens starting on January 1, 2014.</p> <p>HIP provides health care security to thousands of Hoosiers who would otherwise have no source of coverage. What is uniquely important about HIP is the manner in which coverage is made available. Using a thoughtful approach that takes into consideration the financial circumstances of its enrollees, HIP encourages personal initiative and responsibility with respect to health care decision-making, while also effectively promoting wellness and preventive care.</p> <p>We have a tremendous opportunity in Indiana to cover hundreds of thousands of our citizens in a proven and responsible manner. Increasing eligibility for Medicaid as outlined in the Affordable Care Act is critically important to Indiana hospitals and our patients. With safety-net hospitals in rural and urban areas having much at risk, we support the State's desire for flexibility in using HIP. IHA believes HIP has been a success and should be renewed as soon as possible. Just as importantly, HIP should be allowed to serve as the platform for expanding coverage as the State has requested. Increasing access to care is an issue of vital importance, and hospitals and the uninsured patients we treat every day are depending on a successful negotiation.</p> <p>Sincerely, Douglas J. Leonard, FACHE President, Indiana Hospital Association</p>	2013-05-30 18:34

Title	Description	Created At
Leaves too many Hoosiers without health coverage and mental health services!	This proposal would leave tens of thousands of Indiana's most vulnerable low-income adults without health coverage and access to needed medical and mental health services...oppose this proposal please!	2013-05-30 11:29
Healthy Indiana Plan in its current form is much too cumbersome to administer.	<p>The Healthy Indiana Plan currently has thousands of enrollees. Non custodials are on long waiting lists. The POWER account and premium payments are just a couple of concerns discussed related to HIP. The program is administratively cumbersome. However, those issues can be modified to potentially make HIP doable. Yes, there are issues with the Healthy Indiana Plan that will need to be tweaked. The program is not perfect. It would be untruthful to say otherwise. However, there are larger issues with the State of Indiana Medicaid Programs. Enrolling in Medicaid in the State of Indiana is a difficult process. Enrollees are getting terminated. Presumptive Eligibility does not cover pregnant women until Medicaid is approved. Pregnant women are being terminated from the programs. Children are being terminated from the programs. Disabled people are being terminated from the programs. We can all express our concerns related to HIP...in favor or oppose. However, there are much larger, looming concerns with the State of Indiana Medicaid programs. People are having difficulty getting enrolled in Medicaid. Once they get enrolled, they're dealing with reenrollment requirements, data/eligibility issues, paperwork bureaucracy, etc. A state that cannot maintain coverage for their most vulnerable population reflects serious internal issues over and above HIP concerns. The system is broken and the state(s) need to be held accountable for maintaining eligibility on this most vulnerable population. HIP, in its best form, will be unable to accomplish such success. It takes much more than a vehicle to administer a healthcare program to a population in need. It takes people who WANT to create a program that ensures continued coverage to people in need. Is Indiana up for the challenge? I guess it remains to be seen.</p>	2013-05-29 17:52
Tyer		2013-05-29 17:14
Comments from Indiana Coalition for Human Services - http://ichsonline.org/wp-content/uploads/2013/05/ICHS_LetterCommentsHIP2013-5-29.pdf	Please accept the link to these comments about ways to improve HIP, which were submitted to the State of Indiana in March. We look forward to working with CMS and the State on amending the plan to ensure that low-income individuals with incomes between 24% and 100% of poverty have affordable options for healthcare coverage. David Sklar, President, Indiana Coalition for Human Services, a statewide coalition of human service providers and advocates http://ichsonline.org/wp-content/uploads/2013/05/ICHS_LetterCommentsHIP2013-5-29.pdf	2013-05-29 15:25
Comments from the Healthcare Implementation Workgroup	The comment letter from the Healthcare Implementation Work Group is too lengthy to accommodate this format. Accordingly, we are sending it directly to Diane Gerrits, Director of the Division of State Demonstrations and Waivers, CMS. We are also including the following link (you may have to copy and paste in your browser) for those wishing to read our comments:	2013-05-29 09:50

Title	Description	Created At
	http://www.ckfindiana.org/files/news/HIP%20Waiver%20Extension%20Letter%20from%20Healthcare%20Implementation%20Workgroup.pdf	
May 23, 2013		2013-05-28 07:27
<p>Providing coverage for some low-income Indiana adults is better than providing coverage for no low-income adults; but we are troubled by two</p>	<p>Providing coverage for some low-income Indiana adults is better than providing coverage for no low-income adults; but we are troubled by two aspects of the Healthy Indiana Plan (HIP) proposed demonstration in particular: (1) its requirements of monthly contributions as a condition of enrollment, and (2) its penalization of enrollees who fail to pay by a year's future ineligibility. We think it would be a dangerous precedent for CMS to approve the HIP in its current form.</p> <p>Monthly contributions are, in effect, premiums (notwithstanding the letter to the contrary). Medicaid law does not allow premiums for participants with incomes below 150 percent of the federal poverty level. Experiences from prior demonstration projects (Oregon, Utah, and Iowa) have shown that even small premiums/monthly contributions serve as a barrier to securing care and coverage and produce adverse impacts on those seeking coverage, particularly for those below the poverty level.</p> <p>The original HIP was approved as an expansion of health coverage to previously categorically ineligible adults and provided coverage to low-income adults Indiana otherwise could not have covered under Medicaid. With enactment of the ACA, that is no longer true; Indiana can join many other states in expanding its Medicaid coverage for adults to 133 percent of the federal poverty level. The HIP demonstration cannot be compared against no coverage for these individuals, but against the opportunity to cover them under the regular Medicaid program. The HIP proposal must demonstrate why it represents a better response than coverage under the regular Medicaid program.</p> <p>The rationale put forward in the HIP proposal is that monthly contributions do not impose a barrier to enrollment, based upon the experiences of the original HIP plan, but produce a benefit in those enrolled taking greater responsibility for their health.</p> <p>The information provided in the application, however, drawn from the evaluation of the original HIP, shows that 9 percent of those enrolled were terminated for failure to pay premiums/contributions, even when a significant share were exempt from premiums/contributions (20 percent) and the HIP enabled other organizations to pay the premiums/contributions (information not provided on the proportion of the HIP population to which this applied). It did not provide information on what happened as a result of this termination to those individuals (the Medicaid "leavers") and the degree to which they were adversely affected.</p>	2013-05-28 06:44

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	<p>Further, the new HIP proposes to reduce the number of those exempt from premiums/contributions and limit the amount that can be contributed by outside groups or individuals toward premiums/contributions. These likely will make the termination rate higher. As the HIP covers a much larger number of individuals, the capacity of others to contribute to premiums/contributions may be limited and the characteristics of the covered population are likely to change. A large share of those covered under the current HIP already had significant health conditions and costs already burdening them and providers. Many of the individuals who now will be eligible are not such users of health care and have to make choices, as low-income individuals, of how to meet basic needs, with premium/contributions being one of their choices.</p> <p>For these reasons, we believe it would set very bad precedent for CMS to approve the HIP demonstration in its current form, yet we recognize that many low-income Indianans would benefit from a flawed coverage system rather than no coverage at all.</p> <p>If CMS is to consider the HIP in its current form, we recommend it do so only as a very singular and short-term demonstration (e.g. at most two years) that includes an external, critical evaluation designed by and contracted for by CMS on the impacts of the premium/contribution on enrollment and disenrollment, with continuation beyond that two years contingent upon addressing any adverse findings from the evaluation. We would prohibit premiums/monthly copayments for the very lowest income individuals.</p> <p>If Indiana wishes to pursue the benefits of offering a health savings account approach such as the HIP for low-income adults, we believe a worthwhile demonstration could be constructed to test this approach, but in comparison with coverage under a basic Medicaid plan and not no coverage at all. The benefits to participants selecting the HIP could include reducing or eliminating other forms of allowable cost-sharing, using their health savings accounts for other purposes, and, potentially, expanding coverage from what is provided in the basic Medicaid plan. This would be in keeping with the goals for health savings accounts in offering consumer choice and would help determine what types of individuals select what types of coverage and how individuals might be encouraged to select a plan that produces the best results for them.</p> <p>Charles Bruner and Mary Nelle Trefz, Child and Family Policy Center</p>	
Coverage of HIP patient from a provider point of view	I have several patients who have HIP insurance. I have been very impressed with the level of coverage and scope of services. The focus on prevention is also impressive. The only problem is that they are not able to cover everyone who is eligible at the present time. I also agree with comment that patients have been terminated from the program due to difficulties getting the	2013-05-04 09:08

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	<p>recertification paperwork, however I believe that issues such as those can be fixed.</p> <p>The essential program is awesome and needs to continue.</p>	
<p>Indiana rankings are some of the poorest in the nation in health outcomes, access, and disproportionate health system says it all.</p>	<p>The Healthy Indiana Plan could NEVER be a vehicle for the PPACA, and Indiana-elect(s) for decades have shown their least concern is Hoosiers health. Prior to HIP we ranked 50th out of 50 states in public health funding (HHS, 2002). Are most recent ranking, in public health funding, is 49th out of 50 (Prudue, 2012). HIP was initiated in 2007, by the second extension and expansion there was funding for an approximate 46,000 people, however to play it safe enrollment stopped at 39,000. Even though, there are 820,000 (at very bottom minimum) Hoosiers without any insurance, and have some of the highest (or poorest) rural disparities, poverty, access, and naturally health outcomes when compared nationally. However, 63 percent of the uninsured have at least one full time worker in the household. Yet, 73 percent of all people who are insured have private or employer-sponsored insurance, therefore, still not under state accountability. Indiana lawmakers have been provided funds, and failed to disperse these funds to the people, or atleast to the full capacity of the provisions...where did that money go? Our budget sure got balanced. Although, some say HIP will be 44% more expensive than Medicaid, others like the state actuary (who released the 44% figure), simply say "unknown." BUT, Indiana Lawmakers never acknowledge one -fact- in their health plan budgeting, Indiana accumulates \$3 Billion a year in unpaid ER bills. That is more than if the entire Medicaid expansion and HIP expansion spending was combined! Indiana lawmakers have proven they care very little about the health of their residents, just glance at Pence's 2013 quarterly budget projection (pdf) access at the State website. Under the "Health" section, the health section, only one topic pertains to actual health issues. The rest, under the health section, lists things such as law enforcement's benefits to help public safety...and health? Lawmakers said "94 percent are happy with HIP, and 99 percent said they would reapply." Yes, of course they will reapply better than nothing at all, our residents are so used to having nothing at all. But, ask the EX-PARTICIPANTS, who are on HIP because they are low-income, live the enduring poverty and unemployment risks, and could NOT pay THE MONTHLY HIP FEE, if you cannot pay your monthly bill for two consecutive months, you are KICKED OFF the program...for a year, sorry if you had cancer and experienced time off work, and had to pay your electric bill. Also, if an unfortunate occurrence would occur, the person could not apply for Indiana Medicaid-why-because in order to be on the waiting lists for Medicaid or HIP, you have to be uninsured for a minimum of 6 months. Also, there are a very limited number of physicians they will accept HIP but no worries, most are denied HIP enrollment all together. Ask the nearly 1 million residents that are uninsured, and so many suffer around me, some have died-very young. I am currently a psychology student and single mother and have had the opportunity to compare Indiana-to-national statistics-it is one thing to read some of the poor-est statistics in the nation; and it is another to watch it and live it.</p>	<p>2013-03-28 22:37</p>

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	<p>Furthermore, Indiana has done nothing to stop, -half of the working-class employers are switching to temp-service hiring, to not pay health benefits, unemployment, etc. IF, the federal government does not step in and say NO to HIP, Indiana is doomed. Pence says more education (which is a plus) and building bridges and roads is the answer to our health care problems-Health is not, has not, and will not be on their lists of concerns, unless YOU forced them to be.</p> <p>HIP coverage is not the best either, not for the group it would enroll. On top of not having dental and eye coverage, and wow you should see the poor to poorest teeth in the nation-other than maybe West Virginia, horrid. So, even if someone would go to school to better themselves, get technical training, or find a customer service job...if a person is near toothless, who will be hired first? (not to mention the extreme pain, and talk about preventative measures, have you ever seen what a constant leaking of mouth infections...which 74% of Indiana household have 1 or more people with oral leaking infections. Maybe that is why some of the poor-est health and heart statistics come from).</p> <p>Also, HIP has caps on their enrollment, 300,000 dollars, which is a lot until you have cancer or a car wreck, someone making 15,000 a year and already sick, does this sound like the ACA plan to better our health? There are alot of caring and community oriented people in Indiana, it is part of the heartland, most are rural communities, farmer communities, and over the same last decade as ER's shut their doors, quit providing medications, ironically a super-rise in self-medicating led to heroin rise. Ten years ago, you did not even hear the word, no one could tell you someone they knew facing this issue. Now, its on every street, farmer road to church community. Everyone watched how it happened, and concurs. Once those who received meds, no longer have meds, and one thing led to another....it is absolutely everywhere-really really bad. People are suffering and cannot get help, please help me fight what has destroyed the innocence of rural Indiana. I am finishing my degree to help these poor poor people, but I fear many will not be here with us anymore. The statistics only tell about 1/8th of the story. There is many things going on in Indiana that are not being studied...well not quite yet. You may here from me again someday!</p>	
<p>Why do agencies make it ***** to find help. I called Social Security a few times, they gave me bogus phone number for local medicaid office</p>	<p>Social Security tells me to go to sites, or call numbers to get low income help with Anthem/Medicair Pt C. Number's are disconnected, or page flips when I am on website. Why is it difficult to get answers from state, fed agencies?</p>	<p>2013-01-22 12:37</p>
<p>HIP rule is unfair</p>	<p>For currently enrolled HIP beneficiaries, who must annually recertify their eligibility, Indiana sends a form to the beneficiary to complete. Indiana must receive the form no later than 45 days before the end of the current eligibility period. Otherwise, the person will be disenrolled and is not allowed to come into compliance. It does not matter that the form is received on the 44th day or the 40th day or the 35th day or the 30th dav before the end of the current period of eligibility - - the beneficiary will be</p>	<p>2012-11-08 13:44</p>

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	<p>disenrolled period and cannot reenroll in HIP for 12 months. It does not matter that the beneficiary reports that the beneficiary received the form from Indiana after the 45th day had passed, but returned the form right away - - too bad - - disenrollment will occur along with a 12 month reenrollment penalty during which time the beneficiary cannot reapply or reenroll in HIP. It does not matter that the beneficiary mailed the form timely, but Indiana says it did not receive the form until after the 45th day - - too bad - - disenrolled - - 12 month penalty. The beneficiary can appeal, but the outcome does not change - - after the hearing, benefits will be discontinued with a 12 month penalty. This is a harsh and unreasonable rule. Should be scrutinized and changed.</p>	
<p>Status of HIP extension?</p>	<p>Does CMS plan to respond positively to the State of Indiana soon? Or will HIP be closed? This is an innovative, proven program that encourages enrollees to seek care in appropriate settings and to utilize preventive services at a greater rate than the comparable privately insured population. I hope CMS will work with Indiana to continue it and expand it to serve the new Adult population in 2014.</p>	<p>2012-06-05 21:15</p>