

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

SECTION 1115 QUARTERLY REPORT
State of Indiana

REPORTING PERIOD:

Demonstration Year: 6 (1/1/13 – 12/31/13)
Federal Fiscal Quarter: 1/2013 (10/1/13 – 12/30/13)
Date submitted to CMS: 2/28/2014



HEALTHY INDIANA PLANSM
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 then received CMS approval to extend the HIP through December 13, 2013.

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 200% of FPL
- Provide health insurance to non-custodial parents and uninsured childless adults (non-caretakers) with family income up to 200% 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 3rd quarter 2013 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

Hoosier Healthwise-Enrollment		
Source: OMPP Data Unit		
Item	Period	Total
Number of Hoosier Healthwise Enrollees-Anthem	Rolling	23,386
Number of Hoosier Healthwise Enrollees-MDwise	Rolling	26,345
Number of Hoosier Healthwise Enrollees-MHS	Rolling	16,462
Number of Hoosier Healthwise Enrollees-Total	Rolling	66,193

Table 1

Healthy Indiana Plan-Applicants		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP Applicants-Start of Quarter	Rolling	460,754
Number of HIP Applicants-During Quarter	Quarter	22,890
Number of HIP Applicants-Total	Rolling	483,644

Table 2

Healthy Indiana Plan-Number of Denials		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP denials Non-Caretaker Cap reached	Quarter	1,335
Number of HIP Denials-Failure to pay initial POWER Account contribution	Quarter	889
Number of HIP Denials-Insurance through employer	Quarter	105
Number of HIP Denials-Other	Quarter	13,750
Number of HIP Denials-Total	Quarter	16,079

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	2,475	26	0.01%	9,146	20	0.01%
23-50% FPL	2,057	78	0.04%	4,726	45	0.01%
51 to 100% FPL	4,432	212	0.05%	11,398	99	0.01%
101 to 150% FPL	2,522	191	0.08%	7,173	79	0.01%
151+ FPL	1,131	100	0.09%	3,560	20	0.01%

Table 3.1

Healthy Indiana Plan-Enrollment			
Source: OMPP Data Unit			
	Item	Period	Total
A	Number of HIP Enrolled-Start of quarter	Rolling	35,354
B	Number of HIP Enrolled-During the quarter	Quarter	3,306
C	Number of HIP Disenrolled-Due to non-payment of POWER Account	Quarter	967
D	Number of HIP Disenrolled-HIP redetermination packet not submitted	Quarter	343
E	Number of HIP Disenrolled-Member became pregnant	Quarter	164
F	Number of HIP Disenrolled-Move to Medicaid category	Quarter	181
G	Number of HIP Disenrolled-Insurance through employer	Quarter	139
H	Number of HIP Disenrolled-Other reasons	Quarter	1,512
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%+	Total
HIP Disenrolled-Due to non-payment of POWER Account	74	166	266	70	1	967
HIP Disenrolled-HIP redetermination packet not submitted	146	50	47	26	1	343
HIP Disenrolled-Member became pregnant	22	37	35	16	-	164
HIP Disenrolled-Move to Medicaid category	49	24	33	15	-	181
HIP Disenrolled-Insurance through employer	30	24	23	16	2	139
HIP Disenrolled-Other reasons	400	198	305	187	19	1,512

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	2,024	2,034	5,361	3,761	2,098	15,278
	ESP	114	83	210	140	78	625
	MHS	641	536	1,212	715	373	3,477
	MDwise	1,164	1,023	2,407	1,465	702	6,761
Subtotal		3,943	3,676	9,190	6,081	3,251	26,141
Non Caretaker	Anthem	2,095	473	1,678	1,443	984	6,673
	ESP	228	54	230	155	100	767
	MHS	261	51	160	132	85	689
	MDwise	931	175	670	442	268	2,486
Subtotal		3,515	753	2,738	2,172	1,1437	10,615
Grand Total		7,458	4,429	11,928	8,253	4,688	36,756

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
Other	Quarter		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	1	0	0	1
Referred to M.E.D Works	Quarter		0	0	0
Other	Quarter		0	0	0
Total	Quarter	1	0	0	1

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	1,331	1,313	358

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	111,365	110,067	108,865	330,297
HHW Children	Quarter	550,211	546,693	543,256	1,640,159
HHW Pregnant Women	Quarter	26,793	26,175	26,123	79,092
HIP Caretakers	Quarter	24,184	24,193	24,479	72,857
HIP Non-Caretakers	Quarter	10,461	10,244	10,156	30,861

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	1	0	1	2
General Questions	Quarter	40	62	86	188
Waiting List	Quarter	9	1	1	11
Anthem	Quarter	2	1	2	5
ESP	Quarter	0	0	0	0
Mdwise	Quarter	0	0	0	0
MHS	Quarter	0	0	1	1
Total	Quarter	52	64	91	207

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	1126
Other Insurance	Quarter	756
Financial Eligibility	Quarter	141
Other	Quarter	1
Total	Quarter	2024

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.
During the fourth quarter of 2013, the most significant applicant/enrollee issues were for those HIP members > 105 percent FPL scheduled to become ineligible for HIP12-31-13. This ineligibility was the result of the change in eligibility guidelines under the ACA effective 10-1-13. HIP members > 105 % FPL were informed via various communications from Indiana Medicaid to seek replacement health care coverage through the Federal Health Exchange. Because of the multiple enrollment difficulties with the Federal Health Exchange many of the Indiana HIP members were at risk of being without health coverage for an unknown period of time. On behalf of these Indiana residents, Governor Pence chose to extend HIP for members > 105 % FPL through 4/30/14. This would allow time for the Federal Health Exchange to overcome operation issues and allow Indiana HIP members to apply for other health insurance through the federal exchange. One other issue noted with enrollee/applicant issues during the fourth quarter had to do with the transfer of Indiana resident information between the federal exchange and Indiana Medicaid. There was a delay in receiving information from the federal exchange on Indiana residents found eligible for Medicaid, including HIP. Many residents who previously applied through the federal exchange then applied directly to Indiana Medicaid to avoid a gap in coverage.

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.
<u>Anthem</u>
During the Q4 2013, Anthem continued its welcome calls to new members, its reminder calls encouraging members to complete their health risk assessment, and continued to send Welcome Letters in addition to the welcome packet. Anthem will begin a special outreach to HIP members who are above 105% of FPL once OMPP approval is received for collateral materials. The purpose of this outreach will be to remind these members that their HIP membership will terminate on March 31 st if they are above 105% of FPL.
<u>MDwise</u>
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 MDwise members. Below are some initiatives MDwise established and completed to provide quality health care to its Healthy Indiana Plan members in Q4 2013.

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.

In Q4 2013, 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 85 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.
- 278 HIP applications were completed by Covering Kids & Families
- 3 HIP applications were completed at events by DFR and community enrollment centers.
- 207 CKF and enrollment partner referrals
- Partnered with enrollment partners on 8 enrollment and community events to promote MDwise Programs.

HIP Outreach Education and Awareness

- Educated parents and caregivers about the HIP Program at over 72 school outreach events, including parent nights, kindergarten round-ups, Family Fun Nights, after-school programs, presentations to staff, registration days, parent teacher conferences, and Title One Parent meetings. Completed 40 MDwise Q&A Chats in Q4 2013. 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.
- Organized and participated in 6 Bluebelle's Baby community baby shower. Distributed Information on how to apply for HIP after pregnancy. Participated in four community baby showers. MDwise outreach educated each participant on the HIP Program.

- Outreach team promoted the HIP program to caregivers at the 22 Q4 ENC Days.
- The outreach team partnered with enrollment partners at over 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 165 MDwise members and how to redeem Rewards points for completing preventive care at all events and presentations.
- 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 386 community events and presentations.
- Educated agencies, schools and other programs about HIP at the 65 completed professional presentations.
- Distributed the “Got Insurance Brochure” to increase education on where to apply for HIP (Marion County).
- Educated members on the “Use Emergency Room Wisely” brochure on ER utilization. Developed new “Your Doctor First” brochure.
- Promotion of INControl Disease Management Program for HIP members.
- Distribution of HIP Health Plan materials created by FSSA.

Presentations

- Provided education on HIP at 9 IMPACT community presentations. Educated participants that there is continuous coverage available from Package A or B to HIP (no 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 three MDwise Community Advisory Councils in the

North and NW regions in Q4.

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.

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.
- In Q4 2013, a total of 686 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 Q3 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.

Managed Health Services (MHS)

In Fourth Quarter CY 2013, 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:

-----**October 2013**-----

On 10/1/13, MHS attended the Indianapolis Public School System (IPS) Alumni Hall of Fame Luncheon in Marion County. MHS attended and was a sponsor of this event. The purpose was to support this community organization through sponsorship as well as to celebrate MHS staff and others who graduated from IPS and go on to make valuable community contributions. MHS "purchased" a table and invited staff to support the event.

On 10/3/13, MHS attended the Latino Coalition Conference - Empowering Women: Building Healthy Communities, held in Marion County, Indiana. The purpose of the event was to support the important

community organization through sponsorship & to educate participants about MHS and the services MHS makes available to its members. MHS sent staff to the conference for continued educational opportunities and had a booth on site with a variety of health-related information and giveaways.

On 10/3/13, MHS attended the Health and Harvest Celebration at Hearts Landing in Marion County, Indiana. The purpose of the event was to educate the community on broad health issues and provide basic program information. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 10/4/13, MHS attended the 17th Annual Sickle Cell Conference with Memorial Hospital, in St. Joseph County, Indiana. This event was held to educate the community and providers on broad health issues and provide basic program information. MHS had a booth on site with educational health information, giveaways and basic program information.

On 10/12/13, MHS attended the ADA "Delos Pies a la Cabeza por la Salud de tu Familia Conference," in Marion County, Indiana. The purpose of MHS attendance was to support this community organization through sponsorship and to educate participants about MHS and the services MHS makes available to its members. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 10/16/13, MHS participated in the Healthy Start Health Fair - New Release on Life event in Lake County, Indiana. MHS participated in this event in order to educate the community and providers on broad health issues and provide basic program information. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 10/17/13, MHS attended, participated in and helped sponsor the Indy Reads Spelling Bee, in Marion County, Indiana. The purpose of this event was to support this valuable community organization through MHS sponsorship and participation and to educate participants about MHS and the services available to MHS members. MHS fielded a team that competed in the spelling bee at the annual fundraising event and MHS provided social media updates to help promote the partnership.

On 10/18/13, MHS attended the Mental Health America of Indiana (MHAI) Removing the Mask Gala, in Marion County, Indiana. MHS attended this event in order to support this very important community organization through sponsorship. MHS purchased table and invited staff to support the event.

MHS attended and participated in the 10/22, 10/23, and 10/24 2013 Indiana Health Coverage Programs (IHCP) Annual Workshop. This is the annual provider workshop sponsored by the State of Indiana Family and Social Services Administration and its health plan constituents. This conference was held in Marion County, Indiana. MHS participated in order to educate providers about MHS and its operational processes. MHS assisted in making presentations and had a booth on site with educational health information and provider resource tools.

On 10/24/13, MHS attended and helped sponsor the Health Disparity Coalition Prevention Clinic in Allen County, Indiana. MHS attended the event to support this community organization through 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 10/29/13, MHS attended the 2nd Annual Five County Awards Recognition Luncheon in St Joseph County, Indiana. MHS attended this event in order to support important community organizations through sponsorship. MHS purchased table and invited staff to support the event.

-----**November 2013**-----

On 11/13/13, MHS organized and sponsored the Key Community Stakeholder's meeting in Marion County, Indiana. The purpose of this event was to gain input and collaboration from MHS community partners on MHS Plan operations. MHS invited community partners to participate and provide presentations and record

feedback on plan processes and programs which could be taken back to the plan and incorporated into ongoing quality and community relations improvements.

On 11/13/13, MHS worked with the Franklin County, Indiana PMPs to prepare for and hold a 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 11/16/13, MHS attended and was a sponsor at the Fathers and Families 20th Anniversary Celebrations Inaugural Symposium, held in Marion County, Indiana. The purpose of this event was to support this important community organization through 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 11/16/13, MHS participated in the Too Sweet for Your Own Good Diabetes Conference, held in Marion County, Indiana. MHS participated in this event in order to educate the community and providers on broader health issues and provide basic program information. MHS had a booth on site with educational health information and giveaways as well as basic program information.

On 11/27/13, MHS attended the Drumstick Dash Expo in Marion County, Indiana. MHS attended the event in order to support a community organization through sponsorship, support healthy lifestyle approaches, 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.

-----**December 2013**-----

On 12/3/13, MHS attended as was a sponsor for the Covering Kids & Families 11th Annual Meeting & Program Luncheon, held in Marion County, Indiana. MHS attended this event in order to support this very important community organization through sponsorship. MHS purchased table and invited staff to support the event.

On 12/10/13, MHS worked with the Marion County, Indiana PMPs to prepare for and hold a 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 12/14/13, MHS attended the 13th Annual Santa Claws coming to Town - Mi Salud Health Fair in Marion County, Indiana. MHS attended in order to support a community organization through 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 12/17/13, MHS worked with the FQHC HealthLinc to prepare for and hold the Happy Healthy HealthLinc Holidays, in Porter County, Indiana. 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 12/20/13, MHS attended the Northshore Winter Gathering Event, in Lake County, Indiana. The purpose of MHS attendance was to educate the community and providers on broad health issues and provide basic program information. MHS had a booth on site with educational health information and giveaways as

well as basic program information.

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.
A great deal of planning and collaboration took place during 4th Quarter 2013 to prepare for implementation of the ACA. FSSA negotiated amended contracts with the MCEs for 2014 capitation payments and transitioned the rollover of HIP ESP members (< 105 % FPL) into the general HIP population within the MCEs. Through various methods of communication, the FSSA informed HIP and HIP ESP members of the new HIP eligibility guidelines. HIP members > 105 % FPL received instruction to go to the Federal Health Exchange and seek new health care coverage if no longer eligible for HIP. The FSSA negotiated contracted services with Xerox for the roll-out of HIP ESP claims; and extended HIP ESP services for members > 105 % FPL through 4/30/14.

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: <ul style="list-style-type: none">• Budget neutrality submissions will be developed utilizing CMS64 data.• Budget neutrality and CMS64 reporting will be reconciled quarterly prior to submitting reports to CMS.• The State's Actuary will assist in determining and reviewing budget neutrality prior to all quarterly submissions.• 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.
Much emphasis and planning took place between the HIP ESP vendor and the MCEs to ensure continuity of care for HIP ESP members transitioning to the MCEs effective 1-1-14. Case management data and claims data from the HIP ESP data was forwarded in preparation for the transition.

Table 16

Demonstration Evaluation
Source: OMPP Quality
Discuss progress of evaluation design and planning.
The Healthy Indiana Plan (HIP) promotes prevention, wellness, and personal responsibility while providing health care protection to those who can least afford health insurance. HIP functions similar to a

Consumer-Driven Health Plan. It allows members to take a personal investment in their healthcare by contributing to their POWER Accounts (similar to a Healthy Savings Account) and encouraging members to obtain preventive services. Members who obtain at least one preventive service during the year are able to “roll-over” the remaining funds in their POWER Account to the following year, which reduces the required contribution amount for the new year. HIP represents a groundbreaking attempt to expand coverage while encouraging individuals to take a more proactive role in managing their health and the cost of their healthcare.

1. Based on recommendations from the 2010-2011 EQR (External Quality Review) OMPP and the MCEs participated in an EQR Work Group in 2012 to review and evaluate HIP reports in the MCE Reporting Manual. As an extension of that work, during the 4th quarter 2013, the MCEs and OMPP conducted a quality review of the MCE Reporting Manual. Further clarifications and refinements of report methodology used to generate the data, define appropriate data, and the required reporting period have been made. The goal of this 4th quarter effort is to further improve the reporting standards for the MCEs. From this effort, subsequent report revisions were made to update the HIP reporting manual instructions and templates. These changes will improve the quality and reliability of data collected for preventive exams and services received by HIP members. The MCEs will be providing more consistent data to determine the percentages of members receiving a preventive exam or service and overall non-compliance issues. The updated MCE Reporting Manual was distributed to the MCEs in December 2013 for first quarter 2014 reporting.

Table 17

POWER Account Rollover		
Source: OMPP Care Programs		
Discuss POWER account rollover. The FSSA is working diligently with the MCEs 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 apprised 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 October thru December 2013					
HIP Population	Co-Payment Amount	Number of Anthem Members	Number of MDwise Members	Number of Managed Health Service Members	Total HIP Members
Caretakers	\$0 per visit*	1549	3043	376	4968
Caretakers With Incomes Above AFDC Income Limit through 100% FPL	\$3 per visit	581	24245	155	24981
Caretakers Above 100 % through 150% FPL	\$6 per visit	105	3803	24	3932
Caretakers Above 150 % through 200% FPL	Lower of 20% of services cost provided during visit, or \$25	62	1867	13	1942
Non-Caretakers	\$25 per visit	925	13233	52	14210
Total		3222	46191	620	50033

* 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 --- **Attached in a separate document.**

HIP Financial Monitoring Report ---- **Attached in a separate document.**

OMPP Finance & State Actuary ---- **Attached in a separate document.**