



Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
402 W. WASHINGTON STREET, ROOM W374, MS 07
INDIANAPOLIS, IN 46204-2739

March 10, 2021

Acting Administrator Elizabeth Richter
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850
Via Email

RE: Letter Regarding CMS Notice of Determining Whether to Withdraw Certain Healthy Indiana Plan Authorities, Project Number 11-W-00296/5

Dear Acting Administrator Richter,

We are in receipt of your letter dated February 12, 2021. In this letter you indicate that CMS is providing the state notice that CMS is commencing a process of determining whether to withdraw the authorities approved in the Healthy Indiana Plan (HIP) demonstration that permit Indiana to require work and other community engagement activities as a condition of Medicaid eligibility. We appreciate the opportunity provide a response.

I would like to start by emphasizing the significance of HIP to Indiana. Enacted in 2007 by bipartisan legislation, HIP has been approved continually by prior Administrations, first as a limited pilot program and then as the vehicle for the State's Medicaid expansion. Today it covers over 600,000 Hoosiers and receives consistently high marks from enrollees. Within the Healthy Indiana Plan, we have seen great success: health care access and outcomes have improved; vaccination rates, medication adherence, and preventative screenings have increased; care coordination and disease management are at an all-time high; and unnecessary emergency room utilization has decreased. Furthermore, HIP has been a critical lifeline to Hoosiers during the public health emergency.

With 40% of our Medicaid population covered through a Section 1115 demonstration, stability and predictability of the demonstration is critical. While we certainly understand and plan for regular review, evaluation, public comment and reapproval through established renewal periods, we must go on record to emphasize how disruptive it would be for CMS to establish the precedent of introducing mid-cycle changes to prior-approved authorities, absent a change in federal law that requires such a change. The impact of mid-cycle changes could be far reaching and detrimental.



Your letter specifically addresses Indiana's community engagement program, known as Gateway to Work. Gateway to Work is born of Indiana's commitment to address the social drivers of health that impact the health and wellness of Hoosiers – namely employment, education, and overall community connection. After several statewide listening tours and rounds of public feedback, we designed a unique program that placed a premium on member experience. We made reporting as simple and user friendly as possible, had robust web-based tools and easy to navigate programming, built extensive community-based partnerships across the state to support engagement activities, and had a broad and robust variety of exemptions and countable activities. We established assessment tools to help members identify customized options to work, learn or serve – this assessment also helped to identify gaps and barriers that might be standing in the way of member health and wellness. And to make sure that members were successful in the program, we developed robust outreach processes and safeguards to ensure members not only had every opportunity to participate, but also had every opportunity to convey this program was not right for them at the time.

In addition to the resources Indiana Medicaid's managed care entities, community partners, and the Governor's Next Level Jobs resources devoted to member success, the state hired five employees to form a specially trained state team to help members succeed. We should note that GTW had come online for ten months and thousands of Hoosiers had begun to report qualifying hours. We deliberately included a ramp up period to ensure no member was subject to an unreasonable burden when the program would officially begin. We believe Gateway to Work was well on its way to becoming a highly successful program that would have improved the health and wellbeing of its participants for years to come.

As you mention in your letter, Gateway to Work is not currently in effect. The program was not enjoined by any court, and we believe it differed in material ways from other community engagement programs that had been enjoined. Nonetheless, Indiana chose to voluntarily suspend the program while litigation was pending so as to minimize any threat of disruption to the HIP program generally. Gateway to Work was designed to be severable from the rest of HIP. In any event, we agree that implementation of Gateway to Work would not be appropriate during the pandemic or the period of recovery that is to follow. We may revisit and recalibrate Gateway to Work requirements when the recovery period concludes, but not a moment sooner.

Thank you again for the opportunity to reinforce the importance of HIP to Hoosiers. We must emphasize the need for stability and predictability when it comes to our 1115 Demonstration authorities – the health of over 600,000 Hoosiers depends on it. We look forward to working through this with you.

Sincerely,



Allison Taylor
Medicaid Director