

Anthem[®]



Healthy Indiana Plan

September 9, 2019

Agenda

- HIP Overview
- Innovations Driving Results
- Implementation Success

Healthy Indiana Plan - Overview

Anthem has been serving HIP members since the inception of this innovative program in 2008

- Originally created as a State specific program to help uninsured adults
- In 2015, HIP became the vehicle for Indiana's Medicaid expansion

The Healthy Indiana Plan (HIP) is a consumer driven health plan with unique features such as:

- POWER Accounts
- Community Engagement/Work Requirements – Gateway To Work

Healthy Indiana Plan - Overview

HIP 1.0 January 2015	HIP 2.0 February 2015	HIP July 2019
59,239 Members	148, 275 Members	417,783 Members



Healthy Indiana Plan - Overview

Who's Covered

- Non-disabled adults 19-64
- Incomes up to 138% FPL
- Low-income caretakers, medically frail individuals and pregnant women

Healthy Indiana Plan - Overview

	HIP Basic	HIP Plus
Eligible Population	<ul style="list-style-type: none"> Adults from 19-64 Incomes Less than or equal to 100% of FPL Default plan for members in this income range 	<ul style="list-style-type: none"> Adults from 19-64 Income less than or equal to 138% of FPL Only plan option for members between 100 and 138% FPL
POWER Account Contribution	<ul style="list-style-type: none"> No Member contribution State funds the full amount 	<ul style="list-style-type: none"> Member makes a monthly contribution between \$1.00 and \$20.00 (50% more if they are a tobacco user) State funds remaining balance
Co-payments	<ul style="list-style-type: none"> Co-payments are required for all services (except preventive services) 	<ul style="list-style-type: none"> Co-payments only required for ER usage that is determined not emergent
Benefits	<ul style="list-style-type: none"> All standard medical and behavioral No vision, dental or chiropractic 	<ul style="list-style-type: none"> All standard medical and behavioral Plus vision, dental or chiropractic

POWER accounts are set at \$2,500 per 12-month benefit period.

Healthy Indiana Plan – Innovations Driving Results

- \$2,500 Power Account with member contribution to drive member accountability
- No cost option using Money Gram that allows members to make cash payments into their Power Accounts at numerous locations within Wal-Mart, and CVS throughout Indiana
- Rollover credits against future Power Account contributions for completing health and wellness/preventive visits

Healthy Indiana Plan – Innovations Driving Results

- Copays for individuals (less than 100% FPL) who do not contribute into Power Account
 - Copays for everyone for non-emergent ER utilization
- Fast Track and Presumptively Eligible options helping members get coverage sooner
- Provider reimbursement set at 138% of Medicaid Rates
- Community Engagement – Gateway to Work

Healthy Indiana Plan – Innovations Driving Results

Contributions

- Range from \$1 to \$20 per month – (a tobacco surcharge could increase payments by 50% per month)

Payment Methods

- Credit Card
- Check
- Bank Auto draft
- On-Line Payments including Mobile App
- Cash/Money Order, including
 - MoneyGram (cash payment)
 - ❖ Zero cost option
 - ❖ CVS and Walmart stores
- Employer/Not for profit Contribution

Results

Nearly 70% members enrolled in Plus

- 80% of those are under 100% FPL
- 50% of those making contributions are under 22% of FPL

How do members pay?

Payment Method	Percentage Total
Credit Card	47%
Electronic Payment	24%
Paper Check	23%
Cash/Money Order	6%

Healthy Indiana Plan – Innovations Driving Results

More HIP Plus members receive more screenings for preventive services versus HIP Basic members.

Examples:

- The percentage of HIP Plus members who received a breast cancer screening is over 20 percentage points higher than HIP Basic members
- The percentage of HIP Plus members who received a cervical cancer screening is over 10 percentage points higher than HIP Basic members

Healthy Indiana Plan – Implementation Success

EDUCATE, EDUCATE, EDUCATE

Member Education

- Member Handbook
- Customer Service Call Center
- Mailings
- Outbound Calls
- Texts and Email
- Website information
- Member meetings around the State



Our HIP members call us over 5 times as often as our Hoosier Healthwise members

Healthy Indiana Plan – Implementation Success

EDUCATE, EDUCATE, EDUCATE

Provider Education

- Blast faxes and mailings
- Webinars
- State sponsored workshops
- Hospital meetings
- Outreach to FQHC, RHCs, and CMHCs
- Individual provider meetings
- Website information
- Ongoing support

Agenda

- Program overview
- Benefit coverage
- Eligibility
- Healthy Indiana Plan offerings
- Medically frail and various member categories
- POWER account and copayments
- Provider reimbursement
- Hospital assessment fee
- Hospital presumptive eligibility
- Coordination of benefits/third party liability
- Anthem contact information
- Questions and answers

Healthy Indiana Plan – Implementation Success

Strong State Partnership

Our State Regulators have been strong partners, and have worked with us very collaboratively

- State and MCEs work together in early stages of innovations
- Host routine meetings to discuss issues
- Host ad-hoc meetings and/or daily calls to address immediate issues
 - Customer Satisfaction
 - Rapid Response
 - Gateway to Work

Healthy Indiana Plan – Implementation Success

Lessons Learned

FSSA/MCE/Vendor Partnership

- Routine meetings, ad-hoc and even daily calls as needed
- Consistent messaging
- State HIP Advertising

Educate Members and Providers

- Over communicate using different methods
- Continued Education is key

Member Behavior

- They will make contributions
- They're excited to receive coverage and want it now
- They will have questions – especially about their POWER Accounts and Gateway to Work Requirements

Healthy Indiana Plan

Thank You!

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