IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201507 FEBRUARY 3, 2015

Healthy Indiana Plan includes enhanced coverage for the medically frail

As announced in the *Indiana Health Coverage Programs (IHCP) Provider Bulletin* BT201503, the Indiana Family and Social Services Administration (FSSA) is implementing the new Healthy Indiana Plan (HIP) program. The new HIP program serves nondisabled low-income adults ages 19-64 with incomes at or below 133% of the federal poverty level (FPL).[1] Within the HIP-eligible population, the IHCP will identify those members who may be medically frail and provide enhanced coverage for those individuals who meet the medically frail criteria.

Federal regulations define the medically frail as individuals with one or more of the following conditions:

- Disabling mental disorder
- Chronic substance abuse disorder
- Serious and complex medical condition
- Physical, intellectual, or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living
- Disability determination from the Social Security Administration (SSA)

Per federal regulations, individuals who meet any of the aforementioned criteria are exempt from mandatory enrollment in alternative benefit plans – such as *HIP Plus* and *HIP Basic* – and must have access to coverage established under the *Indiana Medicaid State Plan*. Pursuant to these regulations, HIP-eligible medically frail individuals will be enrolled in one of the *HIP State Plan* options and will receive coverage for comprehensive state plan benefits equivalent to Package A benefits, including nonemergency transportation to medical appointments.

Like all HIP-eligible individuals, medically frail HIP members will be enrolled with one of the HIP managed care entities (MCEs) and required to contribute to Personal Wellness and Responsibility (POWER) Accounts. Members will be enrolled in *HIP State Plan – Plus* if they make their monthly POWER Account contributions. Members who do not make their monthly contributions will be enrolled in *HIP State Plan – Basic*. Although medically frail individuals are exempt from being locked out of the program for nonpayment of POWER Account contributions, those with incomes higher than 100% of the FPL who do not make their required contributions will continue to owe their required contribution amounts and will also incur additional costs in the form of copayments until their owed contribution amount has been paid, as outlined in BT201503.

[1] Income limit for HIP is 133% of the FPL plus a 5% disregard, which is approximately equivalent to an income limit of 138% FPL.

Qualifying conditions and medically frail determinations

Individuals with one of the following will automatically be deemed medically frail:

- A disability determination from the SSA
- A verified impairment with an activity of daily living

The following conditions or circumstances are considered impairments with an activity of daily living:

- 24-hour supervision and/or direct assistance required to maintain safety due to confusion and/or disorientation
- Turning or repositioning every 2 to 4 hours to prevent skin breakdown per a medical plan of care
- 24-hour monitoring of a healthcare plan by a licensed nurse
- Requiring assistance to perform any of the following: eating, transferring from bed or chair, dressing, bathing, using the toilet, and/or walking or using a wheelchair

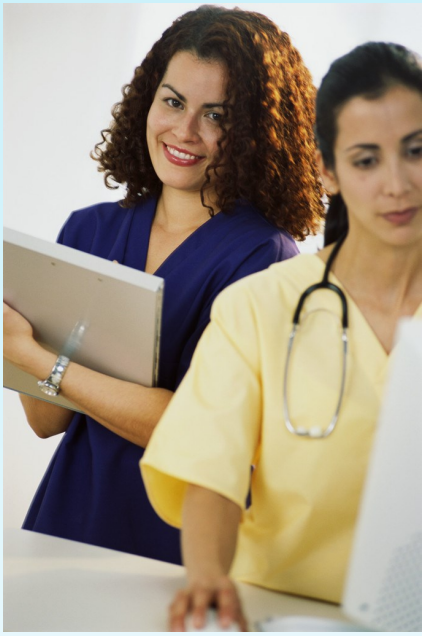
Individuals with a qualifying medical, mental health, or substance abuse disorder will have their condition assessed for severity to make a medically frail determination. The following conditions have been established as qualifying conditions for a medically frail assessment. The FSSA has the discretion to modify this list based on program experience.

- Medical conditions:
  - Amyotrophic lateral sclerosis
  - Aplastic anemia
  - Blood-clotting disorders, frequent blood transfusions
  - Cancer
  - Cerebral vascular accidents
  - Chronic Hepatitis B or Hepatitis C
  - Cirrhosis
  - Cystic fibrosis
  - Cytomegalovirus (CMV) retinitis
  - Diabetes mellitus with: ketoacidosis, hyperosmolar coma, renal complications, retinopathy, peripheral vascular complications, or coronary artery disease
  - Human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
  - Lipid storage diseases: Tay-Sachs disease, Niemann-Pick disease, Fabry disease
  - Muscular dystrophy
  - Paraplegia or quadriplegia
  - Primary immune deficiencies: DiGeorge Syndrome, Combined Immune Deficiency, Wiskott-Aldrich Syndrome, T-cell deficiency
  - Primary pulmonary hypertension
  - Renal failure/end-stage renal disease
  - Transplant or transplant wait list for heart, lung, liver, kidney, or bone marrow
  - Tuberculosis
- Mental health conditions:
  - Alcohol and substance abuse
  - Mental illness including major depression, schizophrenia, bipolar disorder, or post-traumatic stress disorder

Individuals with a qualifying condition will be assessed by their MCE to verify the condition is active and to determine how well the condition is controlled as well as to identify any complicating comorbidities. Those members designated medically

frail as a result of the MCE's assessment will be enrolled in the *HIP State Plan* option. Individuals may be identified for medically frail screening during the IHCP application process, as a result of claims reviews, or by self-report after enrollment:

- ***Identification during the application process:*** Applicants have the opportunity to complete a health condition questionnaire when applying for IHCP health coverage, which may identify them for medically frail screening. Failure to complete the health condition questionnaire will not exclude an individual from HIP eligibility; however, the individual will not be initially screened for a medically frail determination. Applicants who complete the health condition questionnaire and indicate a qualifying condition will be enrolled in *HIP State Plan* on a temporary basis while their medically frail status is evaluated by their MCE. The temporary *HIP State Plan* assignment will last 60 days during 2015 and 30 days in subsequent years. During this temporary period, the member's MCE will verify the member's medical condition by completing a health risk assessment with the member, reaching out to providers, and reviewing claims. Members with a confirmed medically frail determination will continue to be enrolled in *HIP State Plan* for the remainder of their benefit period. If a medically frail determination is not confirmed, the member will be enrolled in *HIP Plus* or *HIP Basic*, depending on the status of their POWER Account contributions. A member's medically frail status must be reconfirmed by the member's MCE every 12 months. To guarantee prompt confirmation of medically frail status, providers are asked to prioritize responses to MCE requests for documentation of member conditions or medical records.



- ***Identification through claims reviews:*** On an ongoing basis, HIP MCEs will review member claims to identify individuals who might qualify as medically frail. Members determined through claims review to meet the medically frail criteria will be enrolled in the *HIP State Plan* option beginning the first of the month following the medically frail determination.
- ***Identification through self-report:*** Members may self-report to their MCE that they have a qualifying condition at any point during their HIP enrollment. After the member self-reports, the MCE has 30 days to review claims on file and follow up with the member and the member's providers to assess the member's medically frail status. If the member is deemed medically frail, the member will be enrolled in the *HIP State Plan* option effective the first of the month following the medically frail determination. If a former HIP member is locked out of the program for nonpayment of POWER Account contributions, as detailed in *BT201503*, and develops a condition that may qualify him or her as medically frail, the individual may report the condition to his or her former health plan for screening. If it is determined the member meets the medically frail criteria, the member will be able to reapply and allowed to reenroll in HIP prior to the expiration of the lockout period.

If a member believes that he or she should be considered medically frail and the MCE assessment does not support that determination, the member may appeal to the MCE. If the member is unsatisfied with the results of the MCE appeal, the member may appeal to the State through the standard appeals process.

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