

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201460 DECEMBER 2, 2014

FSSA is prepared to extend current HIP program effective January 1, 2015

The Indiana Family and Social Services Administration (FSSA) submitted two demonstration waiver applications to the Centers for Medicare & Medicaid Services (CMS) in July 2014:

- The first was an application to **expand** the Healthy Indiana Plan (HIP) to provide consumer-driven healthcare to a greater number of nondisabled Hoosier adults. This proposal is known as “**HIP 2.0**.”
- As a contingency measure, the FSSA also submitted an application to **extend** the existing HIP program, sometimes referred to as “HIP 1.0,” for another three years.

The latter application was presented to preserve the HIP program and to protect current HIP enrollees from any potential gaps in coverage pending approval of the HIP 2.0 proposal. On November 14, 2014, the CMS approved the FSSA’s waiver application to extend the existing HIP program through 2015.

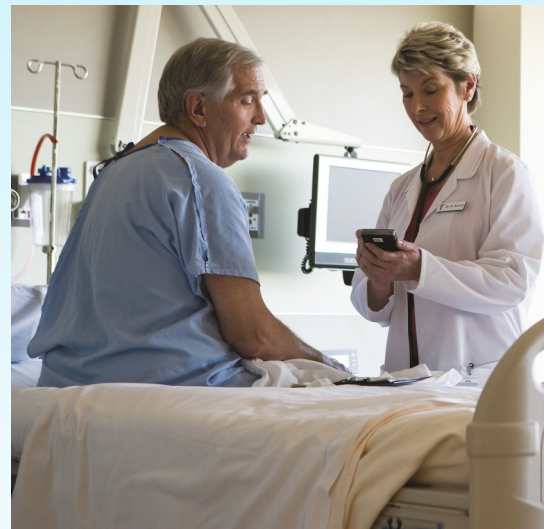
The approved waiver does not make any changes in benefits, cost sharing, or reimbursement with the extension of the current HIP program. The waiver authorizes the State to continue to operate under the managed care model currently in place without interruption effective January 1, 2015. Provider contracts with managed care entities (MCEs) should extend along with the HIP 1.0 program. Providers should contact the MCEs directly with related questions.

The FSSA continues to await approval from the CMS on the HIP 2.0 waiver and is preparing to implement the program if approved. Watch upcoming Indiana Health Coverage Programs (IHCP) publications for more information about the HIP waiver approvals.

Special notice to pharmacy and dental providers

Under the HIP 1.0 waiver extension, there will be no changes in the way services are delivered to HIP members. Pharmacy will continue to be carved out of managed care and delivered within the fee-for-service (FFS) delivery system as currently occurs. Providers may have recently seen information to the contrary, regarding pharmacy and dental services, in anticipation of program changes that would occur if the HIP 2.0 waiver expansion is approved.

Under the HIP 2.0 waiver, if approved, pharmacy and new dental services for HIP Plus members would be provided within HIP’s managed care delivery system rather than through the FFS delivery system. Consolidating these services under the managed care benefit plans improves opportunities to provide quality healthcare to members, encourages better coordination of care, and increases the efficient use of services by the health plans.



To ensure they can offer an adequate network of providers throughout the state, the HIP MCEs will be seeking to contract with new dental and pharmacy providers. The MCEs (Anthem, MDwise, and MHS) have contracted with vendors in advance of the possible HIP 2.0 waiver approval to begin building their provider networks to more adequately prepare for expansion of services if approval is received, so that coverage can begin as soon as possible. Providers are encouraged to contract with these vendors in preparation of potential waiver approval, but the official authorization for changes to HIP pharmacy and dental services requires final approval of the HIP 2.0 waiver. Notice of such approval and information detailing the related programmatic changes would be provided in the future through official State communications and IHCP publications.

QUESTIONS?

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