

Reporting on 1115 Waivers

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[@jkhrrpr](#)

How I started reporting on Medicaid...almost

 3:41

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POLICY-ISH

Insurance Rules Can Hamper Recovery From Opioid Addiction

August 5, 2016 · 4:58 AM ET
Heard on [Morning Edition](#)

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A few months later...

PUBLIC HEALTH

Signed Out Of Prison But Not Signed Up For Health Insurance

December 6, 2016 · 5:00 AM ET
Heard on [Morning Edition](#)



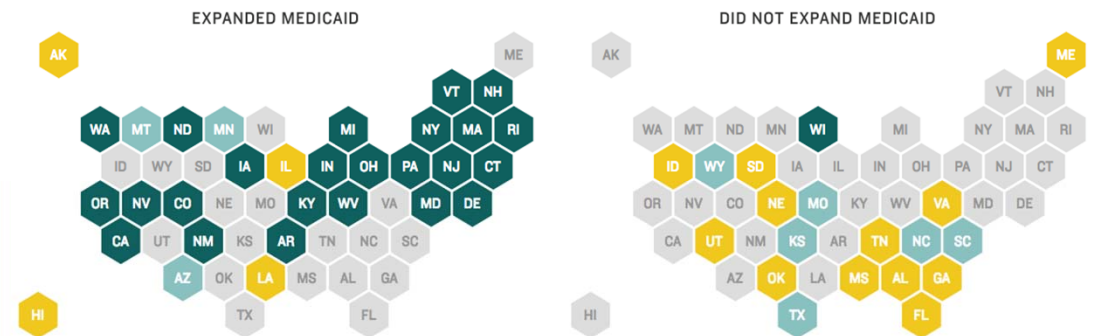
Kara Salim, 26, got out of the Marion County, Indiana, jail in 2015 with a history of domestic-violence charges, bipolar disorder and alcoholism — and without Medicaid coverage. As a result, she couldn't afford the fees for court-ordered therapy.

Philip Scott Andrews for KHN

Where Inmates In State Prison Can Get Help With Medicaid Upon Release

In states that expanded Medicaid, almost all exiting prisoners qualify for coverage. But some of these states only enroll select groups of prisoners, like those with disabilities. Others don't have any programs to enroll exiting inmates. In states that did not expand Medicaid, some still offer enrollment programs for select groups of prisoners that qualify.

States with programs to enroll: ■ Most prisoners ■ Some prisoners ■ No prisoners



Note: Wisconsin increased the number of people eligible for Medicaid. However, because it did not meet certain terms of the Affordable Care Act, it is not considered an expansion state.

Source: Marshall Project survey of state Medicaid departments and departments of correction (June to September 2016)

Credit: Deonna Anderson, Josiah Bates, Anna Flagg, Jonathan Gomez, Yolanda Martinez, Tom Meagher, Rachel Siegel and Alex Tatusian/The Marshall Project; Alyson Hurt/NPR

Finally...

Indiana's Model For Medicaid Could Spread— But It's Not Working For Everyone

By JAKE HARPER • JAN 10, 2017

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Allen Wilson, 59, says he has debt collectors calling him over bills that should have been paid by Anthem, his former HIP 2.0 insurer.

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Then...

From the application to extend HIP 2.0

A fundamental goal of HIP 2.0 is to promote personal accountability in consumer healthcare behavior, and the evidence demonstrates that HIP 2.0 is achieving this goal. An average of 70% of HIP 2.0 members choose to contribute to their Personal Wellness and Responsibility (POWER) account to enroll into HIP Plus, and over 92% of members continue to contribute throughout their enrollment.¹⁴ Moreover, nearly 60% of these members check the balance of their POWER account, and 40% check their balance at least once a month.¹⁵ Importantly, HIP

From the source:

According to a current member survey, 60 percent of respondents reported hearing of the HIP POWER Account. The proportion was higher for members required to make PACs—i.e., Plus members (66 percent). About 72 percent of HIP Plus members and 76 percent of HIP Basic members who reported hearing of the POWER Account also reported having one. Among members who reported having a POWER Account, 40 percent of HIP Plus and 30 percent of HIP Basic members reported checking their POWER Account balance monthly. A previous



shots

HEALTH NEWS FROM NPR



POLICY-ISH

Indiana's Claims About Its Medicaid Experiment Don't All Check Out

February 24, 2017 · 5:01 AM ET

JAKE HARPER

FROM SIDE EFFECTS PUBLIC MEDIA



Last few months...

With Work Requirement, Indiana's Medicaid Would Be More Expensive And Cover Fewer People

By JAKE HARPER • MAY 26, 2017

Citizens, Health Organizations Oppose Indiana's Proposed Medicaid Work Requirement

By JAKE HARPER • JUL 18, 2017

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Indiana Submitted Its Proposal For Medicaid Work Requirements Before Letting Hoosiers Weigh In

By JAKE HARPER • JUN 13, 2017

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Resources

National

- National Health Law Program
- Center for Budget and Policy Priorities
- Kaiser Family Foundation

Local

- Insurance advocacy orgs e.g. Covering Kids and Families
- Pro bono legal services orgs
- Local chapters of national groups, such as NAMI, American Diabetes Association, etc.

Resources, continued

- Medicaid.gov – look for public comments, evaluations, monthly/quarterly reports

Medicaid.gov
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Home > Medicaid > Section 1115 Demonstrations > State Waivers List

State Waivers List

Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). All current and concluded state programs authorized under these authorities may be accessed using the below dynamic list. Learn more about the section [1915\(b\)](#), section [1915\(c\)](#), and section [1115 authorities](#).

REFINE YOUR SEARCH: Sort by: [v]

Keywords
indiana
(i.e. disabled, childless adults, etc.)

State(s)
☒ All States
☒ Alaska
☒ Alabama
☒ Arkansas
☒ Arizona
☒ California

Showing 1 to 10 of 11 entries (filtered from 512 total entries) First <Previous 1 2 Next> Last

Waiver Authority:1115	Status: Pending
Program Name and Number: Healthy Indiana Plan 2.0	
State: IN	Show Less ^
Waiver Dates	

Impact

Feb 16th 2017 8:06 am	Response: #227665	thanks for free time last year. 2016
Feb 24th 2017 5:24 am	Response: #227669	Please note possible problems with data collection and analysis described in this NPR report from February 24, 2017. http://www.npr.org/sections/health-shots/2017/02/24/516704082/indiana-s-claims-about-its-medicaid-program-dont-all-check-out
Feb 24th 2017 5:31 am	Response: #227673	This law should not be renewed and Indiana should expand Medicaid under the ACA. This "coverage" punishes the poor for their poverty and overall shows a general lack of understanding how health care works and the struggles people face with access and coverage.
Feb 24th 2017 6:07 am	Response: #227677	The experiment has not met its goals, and the report used to apply for the extension of it is deeply flawed. I would much prefer to see an expansion of Medicare under the ACA with no conditions. The poorest among us are victimized by being forced into a basic plan that provides far less coverage than necessary, and the slightly better off are offered better coverage, but at the first sign of financial difficulty, they are locked out of the plan for six months. Low income Hoosiers need the same quality of Healthcare that better-off Hoosiers receive. Ditch HIP 2.0, expand Medicare.
Feb 24th 2017 6:11 am	Response: #227681	I liked some of the ideas in Indiana's HIP 2.0 plan. But I was disappointed that the renewal application may not have been as honest about the program's success as I would expect. Findings from a recent NPR report cast doubt on the integrity of the report regarding the rate of participation in the POWER program. Specifically when counting the number of people who are making regular payments to their account, they did not take into account the approximately 1/3 of the people who signed up for the POWER program but failed to make an initiate payment. It seems that kind of figure implies a failure of some sort in the program. The application's implied causal association between POWER program enrollment and better adherence to health maintenance principles of seeing primary care over ER, and taking medications as prescribed is also cast in doubt because the stuff failed to take into account the influence of having a superior health plan has on better adherence. That is if you have a better plan, it probably makes it easier to get and see you primary care provider. And if you plan provides a 3 month supply of medications rather than a 30 day supply, you are more likely to take your medications as recommended. I was also Additional critiques of the re-application can be found at: http://www.npr.org/sections/health-shots/2017/02/24/516704082/indiana-s-claims-about-its-medicaid-program-dont-all-check-out
Feb 24th 2017 7:06 am	Response: #227685	http://www.npr.org/sections/health-shots/2017/02/24/516704082/indiana-s-claims-about-its-medicaid-program-dont-all-check-out

Summary

- If you haven't reported on it, do it
- Look for administrative hurdles, where people fall through cracks
- Numbers – do they match up?
 - Always go to source documents when possible. Anytime the state is summarizing something, it's an opportunity to cherry pick information (includes public comments)
- Also, how many people are getting insurance that didn't have it before? How has it changed their lives?

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