

# Healthy Indiana Plan 2.0: Enhanced Consumer Engagement and Decision-Making Are Driving Better Health

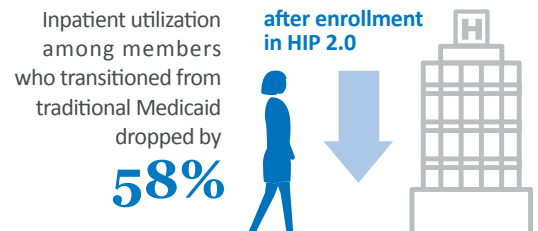
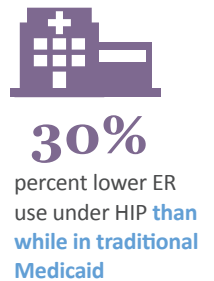
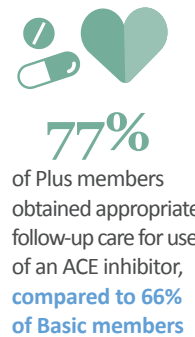
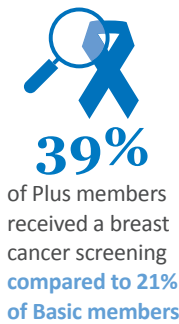
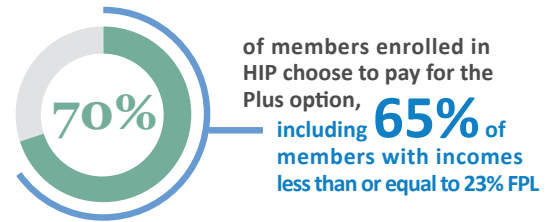
## EXECUTIVE SUMMARY

Following the passage of the Affordable Care Act (ACA), states have taken different approaches to Medicaid reform and expansion. Indiana pursued Medicaid reform under a state-specific model—known as the Healthy Indiana Plan (HIP) 2.0—allowing the state to incorporate unique aspects such as personal responsibility and build on the success of its pre-ACA model.

HIP 2.0 is an innovative approach to Medicaid coverage that is aligned with efforts across all types of health insurance coverage to engage individuals more actively in their health care. HIP 2.0 uses program and benefit design, along with both financial and non-financial incentives, to drive consumer engagement and decision-making.

There are two major benefit plans under HIP 2.0—HIP Plus and HIP Basic. The Plus option has a variety of incentives and enhanced benefits that distinguish it from the Basic option, including no co-payments, vision and dental services, higher service limits, and an enhanced drug benefit. Plus members must make monthly contributions, based on income, to their Personal Wellness and Responsibility (POWER) accounts; like a health savings account, the POWER account is used to pay for deductible expenses.

### Program Outcomes



Overview of HIP 2.0 by Key Program Features	HIP Basic	HIP Plus
<b>Eligible Population</b>	<ul style="list-style-type: none"> <li>• Non-disabled adults ages 19-64</li> <li>• Income less than or equal to 100% FPL</li> <li>• Default plan for individuals in this income range</li> </ul>	<ul style="list-style-type: none"> <li>• Non-disabled adults ages 19-64</li> <li>• Income less than or equal to 138% FPL</li> <li>• Only option for individuals above 100% and up to 138% FPL</li> </ul>
<b>POWER Account Contribution</b>	<ul style="list-style-type: none"> <li>• No member contribution</li> <li>• State fully funds account</li> </ul>	<ul style="list-style-type: none"> <li>• Member contributes \$1-100 monthly</li> <li>• State funds the remaining balance</li> </ul>
<b>Co-Payments</b>	<ul style="list-style-type: none"> <li>• Co-payments are required for all categories of service</li> </ul>	<ul style="list-style-type: none"> <li>• No co-payments for services, except non-emergent ER visits</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• All medical and behavioral health</li> <li>• Standard prescription drug benefits</li> <li>• No Dental</li> <li>• No Vision</li> </ul>	<ul style="list-style-type: none"> <li>• All medical and behavioral health</li> <li>• Enhanced prescription drug benefits</li> <li>• Dental</li> <li>• Vision</li> <li>• Higher limits for certain benefits</li> </ul>