1. Preface

1.1 Transmittal Title Page

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2020
Demonstration Goals and Objectives	Improving quality, accessibility, and health outcomes.

2. Executive Summary

In this reporting period the program continued stable operations and did not experience any policy or programmatic changes. We do continue to see some decline in enrollment. We explain this further in section 3 below. We also held our annual public forum and detail the results of that below in section 12.1.

3. Enrollment

☒ (Required) The state has attached the required enrollment metrics in Appendix X.

☐ (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

In this quarter, we saw a 3% reduction in the number of HIP enrollees. We attribute this to the change in eligibility processing that requires members to verify income when the state receives information that the member has new or a change in income.

71.3% of overall HIP enrollees are in the PLUS program. This is an increase of 3% over the 68.3% of enrollees for the quarter ending March 31, 2018.

3.2 Anticipated Changes to Enrollment

☒ The state does not anticipate changes to enrollment at this time.

4. Benefits

☒ (Required) The state has attached completed the benefit metrics in Appendix X.

☒ (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

4.1 Anticipated Changes to Benefits

☒ The state does not anticipate changes to benefits at this time.

5. Demonstration-related Appeals

☒ (Required) The state has attached completed the appeals metrics in Appendix X.

☒ (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

5.1 Anticipated Changes to Appeals

☒ The state does not anticipate changes to appeals at this time.

6. Quality

☒ (Required) The state has attached the quality measures in Appendix X.

☒ (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

6.1 Anticipated Changes to Quality

☒ The state does not anticipate changes related to quality at this time.

7. Other Demo Specific Metrics

No other demo specific metrics to report in this quarter.

8. Financial/Budget Neutrality

The current budget neutrality demonstration has one MEG, for Substance Use Disorder (SUD). Indiana has not developed CMS 64 waiver logic for identification of expenditures for the SUD MEG. Values in this report were developed using a two-step process. Under current system constraints, CMS reporting must be performed using a one-step process. This requires SUD MEG members to be identified before CME reporting is run. A process has not yet been developed to accomplish this and do not currently have a timeline for remediation.

☒ (Required) The state has attached completed the budget neutrality workbook in Appendix X.

8.1 Anticipated Changes to Financial/Budget Neutrality

The state anticipates that Institution of Mental Disease (IMD) and residential treatment utilization will continue to grow as the program matures and additional providers are identified. Residential treatment for members meeting ASAM Levels 3.1, 3.3, 3.5, or 3.7 was authorized effective March 1, 2018.

☒ The state does not anticipate future changes to budget neutrality at this time.

9. Demonstration Operations and Policy

No demonstration operations or policy considerations that positively or negatively impacted HIP to report this quarter.

10. Implementation Update

None to report during this quarter.

11. Demonstration Evaluation Update

As described in the preceding (Q1) quarterly report, in April 2018, the State posted and distributed a request for proposals (RFP) to acquire an independent party to evaluate the HIP Program. During this quarter (Q2), the state received and reviewed proposal responses. The State anticipates selecting an evaluator during third quarter (Q3).

The State continues to develop the Draft Evaluation Design for HIP. Once the State selects an evaluator, the State plans to turn over the Draft Evaluation Design to the evaluator for review and finalization, prior to submitting to CMS.

The State submitted the addendum to the HIP 2.0 Emergency Room Copay Evaluation to CMS in June 2018. This addendum includes detailed explanations from the contracted evaluators, the Lewin Group, Inc., in consult with the State, for the inclusion and exclusion of data within the evaluation. In short, this addendum describes why certain elements from the HIP 2.0 Final Evaluation Plan were and were not included within the HIP 2.0 Emergency Room Copay Evaluation.

12. Other Demonstration Reporting

The State continues to coordinate efforts with the CMS-contracted vendors who are responsible for conducting two separate evaluations of HIP.

The State meets regularly with Mathematica to discuss the completion of their evaluation. On June 29, 2018, the State completed the delivery of the requested sample Annual Enrollment and Monthly Enrollment file layouts for Mathematica to use to analyze and develop inquiries to ensure that their planned methodology to evaluate HIP is sound. The State is planning to complete delivery of POWER Account file layouts to Mathematica in August 2018.

12.1 Post Award Public Forum

If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428 .

☒ The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).

Post Award Forum Summary:

The 1115 demonstration waiver post award forum was held on July 19, 2018 during a special meeting of the Medicaid Advisory Committee and was open to the public. The state presented on HIP eligibility and enrollment as well as presenting on the development of the community engagement program, Gateway to Work. 12 people provided comments in support of the HIP program, including representatives from Cover Kids and Families of Indiana, the Indiana Minority Health Coalition, the Indiana Hospital Association, St. Vincent Hospital, Indiana Primary Health Care Association, IU Health, MDwise, CareSource, MHS, Anthem, a HIP member, and the Medicaid Advisory Committee.

Most public questions were related to the new Gateway to Work (GTW) program. GTW questions centered around program documentation standards, member reported information, public opportunity to give program feedback, and additional safeguards for members facing challenges. In summary, Indiana addressed questions to satisfaction.

One public commenter proposed holding listening sessions with the community where OMPP would be in attendance. OMPP expressed support for this idea and reiterated commitment to attend public meetings. An MCE commented that the HIP program enhancement has enabled them to further support their members by focusing on social determinants of health through programs addressing such issues as housing, education, and employment, those sentiments were echoed across all the

MCEs. The chairman of the Medicaid Advisory Committee stated that he appreciates the sensitivity of the State for rolling out the GTW program with a delayed implementation.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: April 1, 2018 – June 30, 2018

	BASIC				PLUS				TOTAL PROGRAM	
FPL Levels	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage
<5%	34,444	30,242	64,686	35.2%	64,426	54,452	118,878	64.7%	183,564	49.5%
5%-10%	556	238	794	25.0%	1,404	976	2,380	74.9%	3,174	0.9%
11%-22%	1,512	565	2,077	26.0%	3,629	2,261	5,890	73.9%	7,967	2.2%
23%-50%	2,444	5,338	7,782	27.0%	6,574	14,411	20,985	72.9%	28,767	7.8%
51%-75%	2,827	8,391	11,218	28.4%	7,531	20,733	28,264	71.5%	39,482	10.7%
76%-100%	2,808	9,347	12,155	26.3%	8,528	25,408	33,936	73.6%	46,091	12.4%
Total <101%	**44,591**	**54,121**	**98,712**	**31.9%**	**92,092**	**118,241**	**210,333**	**68.1%**	**309,045**	**83.4%**
101%-138%	2,436	3,867	6,303	10.9%	13,005	38,478	51,483	89.0%	57,786	15.6%
>138%	1,185	19	1,204	32.4%	2,289	219	2,508	67.5%	3,712	1%
Grand Total	**48,212**	**58,007**	**106,219**	**28.7%**	**107,386**	**156,938**	**264,324**	**71.3%**	**370,543**	**100.0%**

**Source: FSSA Data & Analytics*

2. Benefits Metrics

Table 2. Preventive Services and Chronic Care

Reporting Period: April 1, 2018 – June 30, 2018

Table 1 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	**MCE 1**	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	48.5%	73.7%	81.1%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	55.4%	83.0%	92.6%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	21.0%	51.0%	39.0%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	26.0%	62.0%	61.0%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	44.3%	71.2%	78.5%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	45.6%	79.1%	91.9%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	43.5%	70.8%	79.4%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	45.9%	79.2%	92.6%
Preventive Exam (Rollover related)	**MCE 1**	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	17.6%	53.7%	54.9%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	43.4%	62.2%	70.4%
	MCE 2	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	18.8%	35.9%	29.9%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	18.7%	35.8%	29.8%
	MCE 3	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	47.8%	16.3%	51.7%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	56.0%	36.0%	66.0%

	MCE 4	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	7.5%	26.7%	28.5%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	0.3%	0.7%	1.1%
Breast Cancer Screening	**MCE 1**	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	743	7,331	4,757
		Women enrolled with the MCE, ages 40 - 64 years	10,670	29,137	20,786
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	6.9%	25.1%	22.8%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	90	1,124	243
		Women enrolled with the MCE, ages 40 - 64 years	2,807	7,096	2,597
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	3.2%	15.8%	9.3%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	4,118	203	3,612
		Women enrolled with the MCE, ages 40 - 64 years	11,983	2,181	11,596
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	34.3%	9.3%	31.1%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	134	1,967	1,657
		Women enrolled with the MCE, ages 40 - 64 years	611	3,927	2,803
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	21.9%	50.0%	59.1%
Cervical Cancer Screening	**MCE 1**	Women who had one or more PAP tests, ages 21 - 64 years	3,112	9,624	13,064
		Women enrolled with the MCE, ages 21 - 64 years	33,939	52,975	64,784
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	9.1%	18.1%	20.1%
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	518	2,008	1,139
		Women enrolled with the MCE, ages 21 - 64 years	9,636	15,018	11,850
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	5.3%	13.3%	9.6%
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	1,438	6,313	9,476
		Women enrolled with the MCE, ages 21 - 64 years	16,596	35,130	48,800
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	8.6%	17.9%	19.4%
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	2,146	5,588	10,944
		Women enrolled with the MCE, ages 21 - 64 years	8,585	12,767	21,360
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	25.0%	43.7%	51.2%
	MCE 1	Members that received at least 180-day supply ACE inhibitor or ARB	864	8,690	7,621
		Members with appropriate follow-up for ACE inhibitor or ARB	74.7%	79.2%	86.4%

Monitoring for Patients on Persistent Medications		Members that received at least 180-day supply of Diuretics	605	6,224	5,892
		Members with appropriate follow-up for Diuretics	74.5%	79.7%	85.7%
	MCE 2	Members that received at least 180-day supply ACE inhibitor or ARB	60	60	237
		Members with appropriate follow-up for ACE inhibitor or ARB	60.0%	60.0%	67.0%
		Members that received at least 180-day supply of Diuretics	1	1	11
		Members with appropriate follow-up for Diuretics	100.0%	100.0%	72.0%
	MCE 3	Members that received at least 180-day supply ACE inhibitor or ARB	348	4,264	5,122
		Members with appropriate follow-up for ACE inhibitor or ARB	66.3%	78.2%	84.5%
		Members that received at least 180-day supply of Diuretics	262	2,993	3,906
		Members with appropriate follow-up for Diuretics	63.7%	77.7%	84.3%
	MCE 4	Members that received at least 180-day supply ACE inhibitor or ARB	172	1,761	2,574
		Members with appropriate follow-up for ACE inhibitor or ARB	73.8%	79.4%	87.6%
		Members that received at least 180-day supply of Diuretics	115	1,278	1,958
		Members with appropriate follow-up for Diuretics	71.8%	79.6%	88.0%
Comprehensive Diabetes Care	**MCE 1**	Number of members with diabetes (type 1 and type 2), ages 19-64 years	731	4,199	6,563
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	67.8%	86.5%	85.3%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	71.8%	80.8%	86.2%
	MCE 2	Number of members with diabetes (type 1 and type 2), ages 19-64 years	360	757	362
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	26.9%	38.5%	31.7%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	40.2%	47.0%	45.5%
	MCE 3	Number of members with diabetes (type 1 and type 2), ages 19-64 years	330	2,510	5,097
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	64.8%	85.5%	84.1%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	77.8%	82.6%	86.8%
	MCE 4	Number of members with diabetes (type 1 and type 2), ages 19-64 years	456	1,778	3,668
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	65.1%	83.6%	85.8%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	75.8%	84.0%	89.0%

**Source: OMPP Quality and Reporting*

Table 3. Emergency Room Utilization

Reporting Period: April 1, 2018 – June 30, 2018

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for January 1, 2017 – March 31, 2017 for HIP Plus, HIP Basic, and HIP State Plan.

Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	35,371	24,170	11,201	74	68.3%	31.7%
HIP Basic	19,288	13,262	6,026	96	68.8%	31.2%
HIP State Plan	63,484	43,203	20,281	125	68.1%	31.9%

**Source: OMPP Quality and Reporting*

3. Appeals Metrics

Table 4. Hearings Opened

Reporting Period: April 1, 2018 – June 30, 2018

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1,679		
Pending	0	0.0%	
Rejected	48	2.9%	3.3
Accepted	1,631	97.1%	2.8

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted

Reporting Period: April 1, 2018 – June 30, 2018

Hearings Accepted	Count		Average Days
In Process	6	0.4%	
Dismissed	1,387	85.0%	21.7
Hearings Held	238	14.6%	25.6

**Source: FSSA Data & Analytics*

Table 6. Hearings Held

Reporting Period: April 1, 2018 – June 30, 2018

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	14	5.9%		
Released	224	94.1%		46.9
Withdrawn	11		4.9%	
Favorable to State	120		53.6%	
Favorable to Appellant	93		41.5%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons

Reporting Period: April 1, 2018 – June 30, 2018

Count	Reason
657	004 Unable to Determine eligibility
612	001 Financially Ineligible
183	027 Other

139	047 Non Payment of Power Account
37	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen

Reporting Period: April 1, 2018 – June 30, 2018

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	14,505	11,708	5,850	3,539	35,602
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	1,275	1,167	825	417	3,684
New Members Net of Terminated	13,230	10,541	5,025	3,122	31,918
Number of Members in Item #1 that have been Classified as Unreachable	2,423	341	958	1,195	4,917
New Members Net of Terminated and Unreachable	10,807	10,200	4,067	1,927	27,001
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	3,567	2,878	3,923	1,748	12,116
Performance Measure #1: Pct Screened Within 90 Days (all except Terminated)	26.9%	27.3%	78.0%	55.9%	47.0%
Performance Measure #2: Pct Screened Within 90 Days (excluding Terminated and Unreachable)	33.0%	28.2%	96.4%	90.7%	62.1%

**Source: OMPP Quality and Reporting*

Table 9. Physical Health Complex Care Management

Reporting Period: April 1, 2018 – June 30, 2018

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	2,045	630	2	449	9,608	100	349
Diabetes	4,733	384	16	1,051	28,793	255	796
COPD	1,652	186	5	563	10,374	107	456
Coronary Artery Disease	441	26	1	244	2,299	12	232
Congestive Heart Failure	770	38	4	278	3,546	39	239
Chronic Kidney Disease	692	60	1	228	3,818	37	191

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: April 1, 2018 – June 30, 2018

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	5,752	312	16	2,914	94,473	692	2,222
ADHD	649	345	0	64	702	6	36
Autism/Pervasive Developmental Disorder	197	2	0	77	1,013	8	47
Inpatient Discharges from Psychiatric Hospital	2,368	0	0	4,191	330,545	561	3,630
Bipolar Disorder	1,739	16	6	904	24,643	184	720

Table 11. Prenatal and Postpartum Care

Reporting Period: April 1, 2018 – June 30, 2018

Table 6 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

Report Name	Data Description	MCE 1	MCE 2	MCE 3	MCE 4
Weeks of Pregnancy	Prior to 0 weeks	75.4%	1.8%	64.5%	82.4%
	1-12 weeks	14.0%	11.9%	13.6%	9.9%
	13-27 weeks	5.9%	12.2%	16.1%	3.1%
	28 or more weeks	4.4%	73.9%	5.6%	2.6%
	Unknown	0.0%	0.0%	0.0%	1.8%
Prenatal and Postpartum Care	Percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester OR within 42 days of enrollment	70.0%	86.0%	74.4%	59.5%
	Percentage of deliveries that received a postpartum care visit on or between 21 and 56 days after delivery	55.0%	85.0%	52.9%	52..5%
	Percentage of deliveries with greater than or equal to 81 percent of the expected number of prenatal care visits	50.1%	11.0%	42.6%	42.8%

**Source: OMPP Quality and Reporting*

5. Financial/Budget Neutrality

Table 12. Enrollment and Expenditure Summary - Actual

Actual Experience Incurred and Paid through June 30, 2018

State of Indiana
Family and Social Services Administration
Healthy Indiana Plan - 1115 Demonstration Waiver
Enrollment and Expenditure Summary
Actual Experience Incurred and Paid through March 31, 2018

Enrollment (Mbr Mos.)	DY 4	DY 5	DY 6	Total
SUD	2,775			2,775
Total Enrollment	**2,775**			**2,775**
Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 17,709,258			$ 17,709,258
Total Claim Cost	**$ 17,709,258**			**$ 17,709,258**
Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,381.71			$ 6,381.71
Composite PMPM	**$ 6,381.71**			**$ 6,381.71**

**Source: Milliman, Inc.*

Table 13. Enrollment and Expenditure Summary - Projected

Projected Expenditures (Including Enrollment Completion)

State of Indiana
Family and Social Services Administration
Healthy Indiana Plan - 1115 Demonstration Waiver
Enrollment and Expenditure Summary
Projected Expenditures (Including Enrollment Completion)

Enrollment (Mbr Mos.)	DY 4	DY 5	DY 6	Total
SUD	5,706	8,565	8,651	22,922
Total Enrollment	**5,706**	**8,565**	**8,651**	**22,922**
Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	36,615,438	57,556,481	60,980,552	$ 155,152,471
Total Claim Cost	**36,615,438**	**57,556,481**	**60,980,552**	**$ 155,152,471**
Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,417.55	$ 6,719.71	$ 7,048.98	$ 6,768.77
Composite PMPM	**$ 6,417.55**	**$ 6,719.71**	**$ 7,048.98**	**$ 6,768.77**

**Source: Milliman, Inc.*

Table 14. Enrollment and Expenditure Summary – Actual and Projected

Actual and Projected Experience

State of Indiana Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Enrollment and Expenditure Summary Actual and Projected Experience				
Enrollment (Mbr Mos.)	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	8,481	8,565	8,651	25,697
Total Enrollment	**8,481**	**8,565**	**8,651**	**25,697**
Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 54,324,696	$ 57,556,481	$ 60,980,552	$ 172,861,729
Total Claim Cost	**$ 54,324,696**	**$ 57,556,481**	**$ 60,980,552**	**$ 172,861,729**
Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,405.82	$ 6,719.71	$ 7,048.98	$ 6,726.97
Composite PMPM	**$ 6,405.82**	**$ 6,719.71**	**$ 7,048.98**	**$ 6,726.97**

**Source: Milliman, Inc.*

Table 15. Budget Neutrality Summary

Includes Experience Incurred and Paid through June 30, 2018

State of Indiana Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Budget Neutrality Summary Includes Experience Incurred and Paid through March 31, 2018			
Enrollment (Mbr Mos.)	**DY 4**	**DY 5**	**DY 6**
SUD	2,775	-	-
Total Enrollment	**2,775**	**-**	**-**
PMPM (Without Waiver)	**DY 4**	**DY 5**	**DY 6**
SUD	$ 6,834.71	$ 7,169.61	$ 7,520.92
Composite PMPM	**$ 6,834.71**	**$ 7,169.61**	**$ 7,520.92**
Without Waiver Expenditures	**$ 18,966,320**	**$ -**	**$ -**
PMPM (Actual)	**DY 4**	**DY 5**	**DY 6**
SUD	$ 6,381.71	$ -	$ -
Composite PMPM	**$ 6,381.71**	**$ -**	**$ -**
With Waiver Expenditures	**$ 17,709,258**	**$ -**	**$ -**
Waiver Margin*	**$ 1,257,063**	**$ -**	**$ -**

*The state will not be allowed to obtain budget neutrality "savings" from the SUD MEG, as
stipulated in Section XIV.3.e of the STCs

**Source: Milliman, Inc.*

Table 16. Budget Neutrality Summary

Budget Neutrality Projected - Includes Experience Incurred and Paid through June 30, 2018

State of Indiana Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Budget Neutrality Summary Includes Experience Incurred and Paid through March 31, 2018			
Enrollment (Mbr Mos.)	**DY 4**	**DY 5**	**DY 6**
SUD	8,481	8,565	8,651
Total Enrollment	**8,481**	**8,565**	**8,651**
PMPM (Without Waiver)	**DY 4**	**DY 5**	**DY 6**
SUD	$ 6,834.71	$ 7,169.61	$ 7,520.92
Composite PMPM	**$ 6,834.71**	**$ 7,169.61**	**$ 7,520.92**
Without Waiver Expenditures	**$ 57,961,874**	**$ 61,410,019**	**$ 65,063,294**
PMPM (Actual and Projected)	**DY 4**	**DY 5**	**DY 6**

SUD	$	6,405.82	$	6,719.71	$	7,048.98
Composite PMPM	**$**	**6,405.82**	**$**	**6,719.71**	**$**	**7,048.98**
With Waiver Expenditures	**$**	**54,324,696**	**$**	**57,556,481**	**$**	**60,980,552**
Waiver Margin*	**$**	**3,637,178**	**$**	**3,853,538**	**$**	**4,082,741**

*The state will not be allowed to obtain budget neutrality "savings" from the SUD MEG, as
stipulated in Section XIV.3.e of the STCs

**Source: Milliman, Inc.*