

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 2, 2023

Ms. Allison Taylor
Medicaid Director
Indiana Family and Social Services Administration
402 W. Washington Street, Room W461, MS25
Indianapolis, IN 46204

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Eligibility and Coverage Monitoring Protocol, which is required by the Special Terms and Conditions (STCs), specifically, STC XII.5, of Indiana's section 1115 demonstration, Healthy Indiana Plan (HIP) [Project No: 11-W-00296/5], effective through December 31, 2030. CMS determined that the Monitoring Protocol, which was submitted on March 25, 2021 and subsequently finalized on December 29, 2022, meets the requirements set forth in the STCs, and thereby approves the Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through December 31, 2030, and is hereby incorporated into the demonstration STCs as Attachment J (see attached). In accordance with STC XV.10 (Public Access), the approved Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Healthy Indiana Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle
Daly -S** Digitally signed by
Danielle Daly -S
Date: 2023.03.01
14:11:18 -05'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Mai Le-Yuen, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

1. Title page for the state’s eligibility and coverage demonstrations or eligibility and coverage policy components of the broader demonstration

The state should complete this title page as part of its eligibility and coverage monitoring protocol.

This section collects information on the approval features of the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. This form should be submitted as the title page for all eligibility and coverage monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

For non-eligibility periods, the state should use the policy-specific rows to enter implementation dates for each applicable non-eligibility period. If the state has non-eligibility periods for community engagement or premiums, it should only include a non-eligibility period implementation date for these policies if it differs from the implementation date for community engagement or premiums. The state should include implementation dates for all other non-eligibility periods individually if the dates differ by policy. If the state has a non-eligibility period for a policy that is not listed in the table, the state should use the “other policy” row to specify the implementation date of that policy. In this row, the state should also replace “[enter here]” with the name of the policy to which the non-eligibility period implementation date applies.

Overall section 1115 demonstration	
State	Indiana
Demonstration name	Healthy Indiana Plan
Approval period for section 1115 demonstration	01/01/2021-12/31/2030
Premiums or account payments	
Premiums or account payments start date ^a	01/01/2021
Implementation date if different from premiums or account payments start date ^b	<i>This waiver authority is suspended due to COVID-19 and will resume after the end of the Public Health Emergency.</i>
Healthy behavior incentives	
Healthy behavior incentives start date	01/01/2021
Implementation date, if different from healthy behavior incentives start date	
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/01/2021
Implementation date, if different from retroactive eligibility waiver start date	

Non-eligibility periods	
Non-eligibility periods start date	01/01/2021
Implementation date for community engagement non-eligibility periods, if different from non-eligibility periods start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date for premiums and account payments non-eligibility periods, if different from non-eligibility periods start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date for non-eligibility periods for failure to complete annual eligibility renewal process, if different from non-eligibility periods start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date for non-eligibility periods for failure to report change in income or other change in circumstance, if different from non-eligibility periods start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date for other non-eligibility periods, if different from non-eligibility periods start date. Policy: <i>[enter here]</i>	

^a **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in Sections 3, 4, and 5 of the Monitoring Report Template provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will report the requested narrative information in quarterly and annual monitoring reports (no modifications).

3. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

If a state's monitoring protocol is approved after one or more of its initial quarterly monitoring report submissions, it should report data to CMS retrospectively, for any prior quarters of the section 1115 eligibility and coverage demonstration that precede the monitoring protocol approval date. The state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics.

The retrospective report for a state with a first eligibility and coverage demonstration year of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state's monitoring protocol. (See Appendix B of the instructions for further guidance determining baseline periods for first eligibility and coverage demonstration years that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 eligibility and coverage demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its monitoring report submission (Table 3: Narrative information on implementation, by eligibility and coverage policy). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or -) greater than 2 percent

for retrospective reporting periods. Rather, the assessment is an opportunity for the state to provide context on its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing a decrease in beneficiaries who did not complete renewal and were disenrolled from Medicaid (metric AD_19) over the course of the retrospective reporting period. The state could highlight this change and specify that during this period the state conducted additional outreach to beneficiaries about the renewal process. For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. The state should provide justification for its proposed alternative plan.*