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 waiver extension was approved, allowing for the Healthy Indiana Plan to continue operation for the next three years. In January, approved programmatic changes were implemented. Including the change in POWER Account contributions from a calculated 2% of income to tiered amounts. In February, changes to eligibility for pregnant members were implemented. This change allows pregnant women under 138% FPL to be enrolled directly in HIP and for them to remain in HIP for the entirety of their pregnancy and post-partum period.

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 4% reduction in the number of HIP enrollees. We attribute this change to the large number of enrollees who go through redetermination in the January/February timeframe that marks the start of HIP in Feb 2015. Historically, the most common cause of losing coverage for HIP members is a failure to comply with redetermination.

68.3% of overall HIP enrollees are in the PLUS program. This is an increase of 2.9% over the 65.4% of enrollees for the quarter ending Dec 31, 2017. We attribute this growth to the large number of individuals who went through the redetermination process and were able to upgrade into Plus coverage, along with better member education as to the benefits of Plus.

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

In this quarter, the HIP Plus benefit package was updated to add 6 chiropractic spinal manipulation visits.

☐ 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

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

8.1 Anticipated Changes to Financial/Budget Neutrality

☒ 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

The wavier extension included several programmatic changes to the HIP program. In this quarter the following program changes were implemented.

Item	Date and Report in Which Item Was First Reported	Implementation Status
Transitional Medicaid Assistance change as documented in the waiver request and STCs.	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
Pregnant women eligible under 42 CFR 435.116 with income under 133% of the FPL will be enrolled into HIP.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
Calendar Year Benefit Period as approved in the STCs.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
As approved in the STCs, Indiana will make participation in community engagement activities mandatory for some HIP beneficiaries as discussed below.	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change is on track to be implemented January 1, 2019. Program and operational design are on-going.
POWER Account contributions will be calculated based upon a tiered contribution structure established by the state	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.

Redetermination compliance change, as approved in the STCs individuals will be prohibited from re-enrolling in HIP for a period of time.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.

11. Demonstration Evaluation Update

The Healthy Indiana Plan (HIP) Special Terms and Conditions (STCs) require the state to obtain an independent party to conduction an evaluation of the program:

"**Independent Evaluator.** Upon approval of the demonstration, the state must begin arrange with an independent party to conduct an evaluation of the demonstration to ensure that the necessary data is collected at the level of detail needed to research the approved hypotheses. The independent party must sign an agreement to conduct the demonstration evaluation in an independent manner in accord with the CMS-approved, draft Evaluation Design. When conducting analyses and developing the evaluation reports, every effort should be made to follow the approved methodology. However, the state may request, and CMS may agree to, changes in the methodology in appropriate circumstances." (page 51 of 67)

In accordance with the HIP STCs, the State developed a request for proposals (RFP) to obtain an independent party to complete the 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 has engaged in several calls and collaborative meetings with S3/Urban and Mathmatica regarding data use agreements, data sharing, and other evualtion activities.

Pursuant the meeting with CMS on March 28, 2018, the State is providing an update to the HIP ER Copay Evaluation. The State is working with its current independent evaluators, the Lewin Group, in completing the report, and anticipates delivery of the updated report to CMS by the end of May, 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).

☒ There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: January 1, 2018 – March 31, 2018

	BASIC				PLUS				TOTAL PROGRAM	
FPL Levels	**State**	**Regular**	**Total**	**Percentage**	**State**	**Regular**	**Total**	**Percentage**	**TOTAL**	**Percentage**
<5%	30,372	28,611	58,983	36.2%	52,601	51,197	103,798	63.8%	162,781	42.5%
5%-10%	988	313	1,301	32.3%	1,661	1,063	2,724	67.7%	4,025	1.1%
11%-22%	2,708	771	3,479	34.3%	4,266	2,406	6,672	65.7%	10,151	2.7%
23%-50%	5,449	6,887	12,336	34.7%	8,696	14,497	23,193	65.3%	35,529	9.3%
51%-75%	6,028	10,587	16,615	35.0%	9,811	21,007	30,818	65.0%	47,433	12.4%
76%-100%	5,639	11,684	17,323	32.2%	10,441	26,097	36,538	67.8%	53,861	14.1%
Total <101%	**51,184**	**58,853**	**110,037**	**35.1%**	**87,476**	**116,267**	**203,743**	**64.9%**	**313,780**	**82.0%**
101%-138%	4,605	4,537	9,142	14.3%	14,938	39,910	54,848	85.7%	63,990	16.7%
>138%	1960	42	2,002	39.3%	2,863	233	3,096	60.7%	5,098	1.3%
Grand Total	**57,749**	**63,432**	**121,181**	**31.7%**	**105,277**	**156,410**	**261,687**	**68.3%**	**382,868**	**100.0%**

**Source: FSSA Data & Analytics*

2. Benefits Metrics

Table 2. Preventative Services and Chronic Care

Reporting Period: January 1, 2018 – March 31, 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	50.81%	75.73%	79.99%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	55.90%	84.71%	92.23%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	16.00%	46.00%	33.00%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	22.00%	58.00%	54.00%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	47.42%	73.60%	79.17%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	49.07%	81.67%	92.21%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	48.18%	75.38%	77.29%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	51.39%	83.03%	90.93%
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)	19.14%	54.54%	53.00%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	43.82%	63.76%	68.71%
	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)	15.72%	33.24%	25.09%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	15.65%	33.18%	24.96%
	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)	17.64%	49.71%	52.85%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	37.84%	58.06%	66.66%

	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)	8.11%	29.90%	30.40%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	0.35%	0.84%	1.29%
Breast Cancer Screening	**MCE 1**	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	798	7,992	4,443
		Women enrolled with the MCE, ages 40 - 64 years	10,860	30,011	19,340
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	7.35%	26.63%	22.97%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	58	798	153
		Women enrolled with the MCE, ages 40 - 64 years	2,226	5,429	1,983
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	2.00%	14.00%	7.00%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	231	4,317	3,598
		Women enrolled with the MCE, ages 40 - 64 years	2,329	12,103	11,814
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	9.92%	35.67%	30.46%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	223	2,305	1,318
		Women enrolled with the MCE, ages 40 - 64 years	897	4,463	2,235
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	24.86%	51.65%	58.97%
Cervical Cancer Screening	**MCE 1**	Women who had one or more PAP tests, ages 21 - 64 years	3,418	10,499	11,908
		Women enrolled with the MCE, ages 21 - 64 years	35,053	54,436	61,242
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	9.75%	19.29%	19.44%
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	321	1,326	663
		Women enrolled with the MCE, ages 21 - 64 years	7,501	11,304	8,561
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	4.27%	11.73%	7.74%
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	1,809	6,616	10,311
		Women enrolled with the MCE, ages 21 - 64 years	17,996	35,827	50,700
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	10.05%	18.47%	20.34%
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	2,361	6,207	10,234
		Women enrolled with the MCE, ages 21 - 64 years	7,190	13,753	20,122
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	32.84%	45.13%	50.86%
	MCE 1	Members that received at least 180-day supply ACE inhibitor or ARB	945	9,353	6,677
		Members with appropriate follow-up for ACE inhibitor or ARB	76.83%	80.53%	86.72%

Monitoring for Patients on Persistent Medications		Members that received at least 180-day supply of Diuretics	689	6,717	5,283
		Members with appropriate follow-up for Diuretics	77.65%	80.99%	87.00%
	MCE 2	Members that received at least 180-day supply ACE inhibitor or ARB	23	458	132
		Members with appropriate follow-up for ACE inhibitor or ARB	60.00%	77.00%	67.00%
		Members that received at least 180-day supply of Diuretics	1	29	10
		Members with appropriate follow-up for Diuretics	1.00%	75%	50.00%
	MCE 3	Members that received at least 180-day supply ACE inhibitor or ARB	373	4,379	5,012
		Members with appropriate follow-up for ACE inhibitor or ARB	69.97%	79.93%	86.57%
		Members that received at least 180-day supply of Diuretics	292	3,150	3,840
		Members with appropriate follow-up for Diuretics	70.21%	79.71%	85.60%
	MCE 4	Members that received at least 180-day supply ACE inhibitor or ARB	301	2,247	2,202
		Members with appropriate follow-up for ACE inhibitor or ARB	77.18%	82.04%	88.12%
		Members that received at least 180-day supply of Diuretics	178	1,609	1,715
		Members with appropriate follow-up for Diuretics	70.36%	82.39%	88.63%
Comprehensive Diabetes Care	**MCE 1**	Number of members with diabetes (type 1 and type 2), ages 19-64 years	872	4,971	5,600
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	67.66%	87.47%	85.18%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	73.05%	83.95%	86.88%
	MCE 2	Number of members with diabetes (type 1 and type 2), ages 19-64 years	251	545	260
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	26.29%	34.67%	33.07%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	39.04%	46.42%	45.00%
	MCE 3	Number of members with diabetes (type 1 and type 2), ages 19-64 years	373	2,701	5,174
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	67.56%	86.67%	84.50%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	75.07%	84.38%	87.61%
	MCE 4	Number of members with diabetes (type 1 and type 2), ages 19-64 years	652	2,272	3,240
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	70.86%	84.68%	84.85%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	77.61%	86.22%	88.58%

**Source: OMPP Quality and Reporting*

Table 3. Emergency Room Utilization

Reporting Period: January 1, 2018 – March 31, 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 December 31, 2017 – December 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	35,776	27,640	8,136	73	77.3%	22.7%
HIP Basic	21,578	16,347	5,231	99	76%	24%
HIP State Plan	61,065	46,236	14,829	120	75.7%	24.3%

**Source: OMPP Quality and Reporting*

3. Appeals Metrics

Table 4. Hearings Opened

Reporting Period: January 1, 2018 – March 31, 2018

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1738		
Pending	1	0.1%	
Rejected	44	2.5%	2.3
Accepted	1693	97.4%	3.2

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted

Reporting Period: January 1, 2018 – March 31, 2018

Hearings Accepted	Count		Average Days
In Process	3	0.2%	
Dismissed	1457	86.1%	19.7
Hearings Held	233	13.8%	25.3

**Source: FSSA Data & Analytics*

Table 6. Hearings Held

Reporting Period: January 1, 2018 – March 31, 2018

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	10	4.3%		
Released	223	95.7%		44.7
Withdrawn	11		4.9%	
Favorable to State	123		55.2%	
Favorable to Appellant	89		39.9%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons

Reporting Period: January 1, 2018 – March 31, 2018

Count	Reason
707	004 Unable to Determine eligibility
578	001 Financially Ineligible
216	027 Other

145	047 Non Payment of Power Account
32	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen

Reporting Period: January 1, 2018 – March 31, 2018

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	11,421	10,803	4,175	2,991	29,390
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	806	1,037	448	155	2,446
New Members Net of Terminated	10,615	9,766	3,727	2,836	26,944
Number of Members in Item #1 that have been Classified as Unreachable	1,823	2,832	730	621	6,006
New Members Net of Terminated and Unreachable	8,792	6,934	2,997	2,215	20,938
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	2,423	2,294	2,896	1,671	9,284
Performance Measure #1: Pct Screened Within 90 Days (all except Terminated)	22.83%	23.49%	77.70%	58.92%	45.74%
Performance Measure #2: Pct Screened Within 90 Days (excluding Terminated and Unreachable)	27.56%	33.08%	96.63%	75.44%	58.18%

**Source: OMPP Quality and Reporting*

Table 9. Physical Health Complex Care Management

Reporting Period: January 1, 2018 – March 31, 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	1,366	257	2	135	7,299	64	126
Diabetes	4,043	187	14	476	20,523	543	232
COPD	1,343	97	8	262	8,998	80	178
Coronary Artery Disease	216	2	0	63	1,441	18	43
Congestive Heart Failure	568	13	1	129	4,340	25	101
Chronic Kidney Disease	481	41	2	84	2,424	22	61

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: January 1, 2018 – March 31, 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	3,414	16	8	911	48,911	385	526
ADHD	178	1	0	13	881	2	11
Autism/Pervasive Developmental Disorder	185	0	0	11	778	2	9
Inpatient Discharges from Psychiatric Hospital	1,330	0	0	1,554	240,423	291	1,263
Bipolar Disorder	1,035	0	4	267	15,257	87	180

Table 11. Prenatal and Postpartum Care

Reporting Period: January 1, 2018 – March 31, 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	74.14%	4.00%	60.49%	81.43%
	1-12 weeks	16.03%	38.00%	15.62%	11.75%
	13-27 weeks	6.78%	39.00%	17.96%	3.34%
	28 or more weeks	3.06%	3.00%	5.93%	0.97%
	Unknown	0.00%	0.00%	0.00%	2.51%
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	69.45%	75.00%	74.24%	58.06%
	Percentage of deliveries that received a postpartum care visit on or between 21 and 56 days after delivery	54.71%	90.00%	53.49%	52.53%
	Percentage of deliveries with greater than or equal to 81 percent of the expected number of prenatal care visits	50.20%	3.00%	41.86%	41.62%

**Source: OMPP Quality and Reporting*

5. Financial/Budget Neutrality

Table 12. Enrollment and Expenditure Summary - Actual

Actual Experience Incurred and Paid through March 31, 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	1,057			1,057
Total Enrollment	**1,057**			**1,057**
Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,565,448			$ 6,565,448
Total Claim Cost	**$ 6,565,448**			**$ 6,565,448**
Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,211.40			$ 6,211.40
Composite PMPM	**$ 6,211.40**			**$ 6,211.40**

**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	10,022	11,189	11,301	32,512
Total Enrollment	**10,022**	**11,189**	**11,301**	**32,512**
Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	68,817,617	79,867,616	84,618,921	$ 233,304,155
Total Claim Cost	**68,817,617**	**79,867,616**	**84,618,921**	**$ 233,304,155**
Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,866.92	$ 7,137.79	$ 7,487.54	$ 7,175.87
Composite PMPM	**$ 6,866.92**	**$ 7,137.79**	**$ 7,487.54**	**$ 7,175.87**

**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	11,079	11,189	11,301	33,569
Total Enrollment	**11,079**	**11,189**	**11,301**	**33,569**

Expenditures	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 75,383,064	$ 79,867,616	$ 84,618,921	$ 239,869,602
Total Claim Cost	**$ 75,383,064**	**$ 79,867,616**	**$ 84,618,921**	**$ 239,869,602**

Per Member Per Month	**DY 4**	**DY 5**	**DY 6**	**Total**
SUD	$ 6,804.37	$ 7,137.79	$ 7,487.54	$ 7,145.50
Composite PMPM	**$ 6,804.37**	**$ 7,137.79**	**$ 7,487.54**	**$ 7,145.50**

**Source: Milliman, Inc.*

Table 15. Budget Neutrality Summary

Includes Experience Incurred and Paid through March 31, 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	1,057	-	-
Total Enrollment	**1,057**	**-**	**-**
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	**$ 7,224,288**	**$ -**	**$ -**
PMPM (Actual)	**DY 4**	**DY 5**	**DY 6**
SUD	$ 6,211.40	$ -	$ -
Composite PMPM	**$ 6,211.40**	**$ -**	**$ -**
With Waiver Expenditures	**$ 6,565,448**	**$ -**	**$ -**
Waiver Margin*	**$ 658,841**	**$ -**	**$ -**

*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 March 31, 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	11,079	11,189	11,301
Total Enrollment	**11,079**	**11,189**	**11,301**
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	**$ 75,719,140**	**$ 80,223,663**	**$ 84,996,159**
PMPM (Actual and Projected)	**DY 4**	**DY 5**	**DY 6**
SUD	$ 6,804.37	$ 7,137.79	$ 7,487.54

Composite PMPM	**$ 6,804.37**	**$ 7,137.79**	**$ 7,487.54**
With Waiver Expenditures	**$ 75,383,064**	**$ 79,867,616**	**$ 84,618,921**
Waiver Margin*	**$ 336,076**	**$ 356,047**	**$ 377,237**

*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.*