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. Indiana's Community Engagement program, Gateway to Work, went live January 1, 2019. We explain this further in section 7 below.

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 two percent increase in the total number of HIP enrollees.

As of March 31, 2019, 71% of overall HIP enrollees are enrolled in the PLUS program compared to 23.9% who are enrolled in the HIP-Basic program. This is a 4.4% increase in PLUS enrollment from 69.4% in the last quarter.

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 Benefit Issues: New and Continued

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
Benefit measures are	DY 4 Qtr. 4, 3/25/2019	N/A	Benefit metrics are reported to the State on a quarterly basis by	Q1 data will be reported in the Q2
not available			Indiana's Mangaged Care Entities	1115 Monitoring
for Q1 2019.			(MCEs). The Reporting Manual used to report these metrics	Report.
			underwent a wholesale review	
			based on a 2018 External Quality	
			Review recommendataion. These	
			revisions included additions, removal, and changes to existing	
			reports; Report designs and	
			formatting; And elements within	
			the Reporting Manual instructions.	
			Due to these substantial changes,	
			the MCEs were given an extension to implement the changes and	
			submit data. Q1 data, which are	
			normally due the last day in April,	
			was extended by one month to	
			accommodate these changes.	

4.2 Anticipated Changes to Benefits

Benefit metrics are not available to report for the Q1 2019 monitoring report. The changes made to the MCE Reporting Manual, described in section 4.1, were made to streamline reporting for the MCEs and update quality measures to better align with national reporting requirements. Due to these substantial changes, a one month extension was given to the MCEs in order to make the required changes.

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

5. Demonstration-related A	opeals	ated A	. Demonstration
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- (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 Appeal Issues: New and Continued**
- **5.2** 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 Quality Issues: New and Continued

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
Quality measures are not available for Q1 2019.	DY 4 Qtr. 4, 3/25/2019	N/A	Quality metrics are reported to the State on quarterly basis by Indiana's Mangaged Care Entities (MCEs). The Reporting Manual used to report these metrics underwent a wholesale review based on a 2018 External Quality Review recommendataion. These revisions included additions, removal, and changes to existing reports; Report designs and formatting; And elements within the Reporting Manual instructions. Due to these substantial changes, the MCEs were given an extension to implement the changes and submit data. Q1 data, which are normally due the last day in April, was extended by one month to accommodate these changes.	Q1 data will be reported in the Q2 1115 Monitoring Report.

6.2 Anticipated Changes to Quality

Quality metrics are not available to report for the Q1 2019 monitoring report. The changes made to the MCE Reporting Manual, described in section 6.1, were made to streamline reporting for the MCEs and update quality measures to better align with national reporting requirements. Due to these substantial changes, a one month extension was given to the MCEs in order to make the required changes.

The state	does r	not antici	nate chans	ges related	to qualit	y at this time.

7. Other Demo Specific Metrics

\boxtimes	(If applicable) The state has attached completed the other metrics in Appendix X.
	(If applicable) The state does not have any issues to report related to the other metrics in Appendix X and has not included any narrative.

Indiana's Community Engagment program, Gateway to Work (GTW), went live on January 1, 2019. GTW connects HIP members with ways to look for work, train for jobs, finish school, and volunteer. Some HIP members are required to do GTW activities to keep HIP benefits. All HIP members receive a referral status of Exempt, Reporting met, or Reporting (defined below). Referral status counts for Q1 are found in Appendix X. Members are not required to report activities until July 1, 2019. More program information can be found at https://www.in.gov/fssa/hip/2592.htm.

Gateway to Work Status	Status Definition						
Exempt	The member meets an exemption for GTW and is not required to participate						
	for the months they are exempt. Members are still able to participae and use						
	GTW resources if they choose.						
Reporting met	The member already works at least 20 hours per week. They do not need to						
	do anything new for GTW unless they report a change in employment to						
	FSSA. Members are still able to participae and use GTW resources if they						
	choose.						
Reporting	The member is required to participate in GTW to keep their HIP benefits.						
	They will need to participate in qualifying activities for a certain number of						
	hours each month and report them by calling their health plan or using the						
	FSSA Benefits Portal.						

7.1 Other Metric Issues: New and Continued

None to report during this quarter.

7.2 Anticipated Changes to Other Metrics

☐ The state does not anticipate future changes to other metrics at this time.

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.

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

8.1 Financial/Budget Neutrality Issues: New and Continued

8.2 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

Item	Date and Report in Which Item Was First Reported	Implementation Status
Indiana's	Q1 2019 Monitoring Report	Gateway to Work went live on January 1,
Community	5/30/2019	2019. Members are not required to report
Engagment		activities until July 1, 2019.
program,		
Gateway to		
Work.		

11. Demonstration Evaluation Update

In February 2019 (Q1), CMS provided written comments to the State on the Draft Evaluation Plan submitted in November 2018. The State held meetings with CMS to discuss this initial feedback. CMS released official Evaluation Design Guidance documents in March 2019 (Q1). Based on the feedback and guidance documents, the State and evaluator updated the evaluation design. The State plans to submit the Final Evaluation Design to CMS in May 2019 (Q2).

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Final Evaluation	5/14/19		The State received feedback
Design			from CMS on the Draft
			Evaluation Design in
			February 2019. CMS
			posted Evaluation Guidance
			documents in March 2019.

12. Other Demonstration Reporting

None to report during this quarter.

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).
\boxtimes	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, 2019 – March 31, 2019

	BASIC				PLUS			MATERNITY		TOTAL PROGRAM		
FPL Levels	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	31,925	27,369	59,294	29.4%	77,250	55,296	132,546	65.8%	9,621	4.8%	201,461	52.2%
5%-10%	458	189	647	21.9%	1,320	808	2,128	71.9%	183	6.2%	2,958	0.8%
11%-22%	1,154	416	1,570	21.1%	3,532	1,930	5,462	73.2%	426	5.7%	7,458	1.9%
23%-50%	1,371	4,970	6,341	23.1%	5,328	14,114	19,442	70.7%	1,704	6.2%	27,487	7.1%
51%-75%	1,670	7,074	8,744	23.0%	6,845	20,276	27,121	71.2%	2,227	5.8%	38,092	9.9%
76%-100%	1,846	8,125	9,971	22.0%	8,315	24,728	33,043	72.8%	2,364	5.2%	45,378	11.8%
Total <101%	38,424	48,143	86,567	26.8%	102,590	117,152	219,742	68.1%	16,525	5.1%	322,834	83.7%
101%- 138%	1,575	4,116	5,691	9.5%	13,301	37,975	51,276	85.7%	2,839	4.7%	59,806	15.5%
>138%	12	23	35	1.1%	2,743	164	2,907	90.6%	265	8.3%	3,207	0.8%
Grand Total	40,011	52,282	92,293	23.9%	118,634	155,291	273,925	71.0%	19,629	5.1%	385,847	100.0%

*Source: FSSA Data & Analytics

2. Appeals Metrics

Table 2. Hearings Opened

Reporting Period: January 1, 2019 – March 31, 2019

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1,362		
Pending	0	0.0%	
Rejected	34	2.5%	3
Accepted	1,328	97.5%	3.7

^{*}Source: FSSA Data & Analytics

Table 3. Hearings Accepted

Reporting Period: January 1, 2019 – March 31, 2019

Hearings Accepted	Count		Average Days
In Process	60	3.9%	
Dismissed	1277	82.4%	21.3
Hearings Held	212	13.7%	25.1

^{*}Source: FSSA Data & Analytics

Table 4. Hearings Held

Reporting Period: January 1, 2019 – March 31, 2019

Hearings Held		Count	Percent of Released	Average Days
Awaiting Decision	7	3.4%		
Released	196	96.6%		42.4
Withdrawn	9		4.6%	
Favorable to State	129		65.8%	
Favorable to Appellant	59		30.1%	

*Source: FSSA Data & Analytics

Table 5. Top 5 Appeal Reasons

Reporting Period: January 1, 2019 – March 31, 2019

Count	Reason
577	004 Unable to Determine eligibility
511	001 Financially Ineligible
147	027 Other
58	047 Non Payment of Power Account
38	021 Effective Date of Assistance

*Source: FSSA Data & Analytics

3. Other Demo Specific Metrics

Table 6. Percent of members in each referral status

Members with **exemptions** have slightly increased from January to March, where as members with a **reporting** or **reporting met** status have slightly decreased.

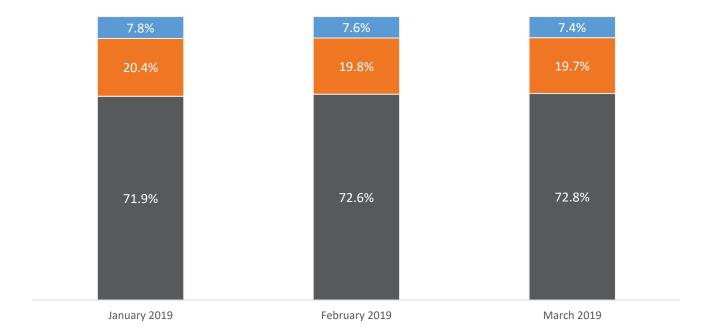
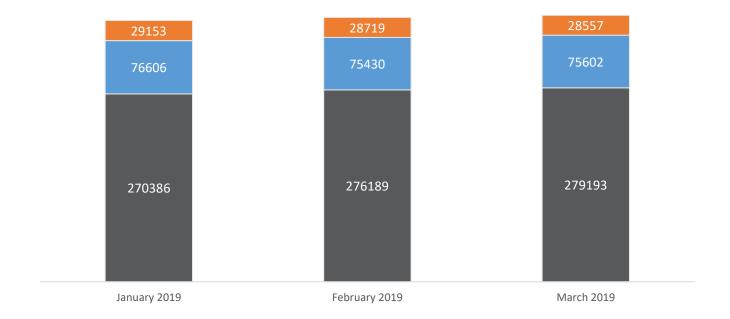


Table 7. Count of members in each referral status

Members with **exemptions** have slightly increased from January to March, where as members with a **reporting** or **reporting met** status have slightly decreased.



4. Financial/Budget Neutrality

Table 8. Enrollment and Expenditure Summary - Actual

Actual Experience Incurred and Paid through March 31, 2019

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, 2019					
Enrollment (Mbr Mos.) SUD	<u>DY 4</u> 8,641	<u>DY 5</u> 991	<u>DY 6</u>	<u>Total</u> 9,632	
Total Enrollment	8,641	991		9,632	
Expenditures SUD	DY 4 \$ 52,926,035	DY 5 \$5,891,431	DY 6	Total \$ 58,817,466	
Total Claim Cost	\$ 52,926,035	\$5,891,431		\$ 58,817,466	
Per Member Per Month SUD	DY 4 \$ 6,124.99	DY 5 \$5,944.94	DY 6	Total \$ 6,106.46	
Composite PMPM	\$ 6,124.99	\$5,944.94		\$ 6,106.46	

*Source: Milliman, Inc.

Table 9. 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.)	<u>DY 4</u> 446	<u>DY 5</u>	<u>DY 6</u> 9,773	<u>Total</u> 18,904	
SUD	440	8,685	9,775	18,904	
Total Enrollment	446	8,685	9,773	18,904	
Expenditures	DY 4	DY 5	DY 6	Total	
SUD	\$ 2,852,996	\$ 57,445,969	\$ 67,105,341	\$ 127,404,306	
Total Claim Cost	\$ 2,852,996	\$ 57,445,969	\$ 67,105,341	\$ 127,404,306	
Per Member Per Month	DY 4	DY 5	DY 6	Total	
SUD	\$ 6,399.77	\$ 6,614.39	\$ 6,866.57	\$ 6,739.70	
Composite PMPM	\$ 6,399.77	\$ 6,614.39	\$ 6,866.57	\$ 6,739.70	

*Source: Milliman, Inc.

Table 10. 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.) SUD	<u>DY 4</u> 9,087	<u>DY 5</u> 9,676	<u>DY 6</u> 9,773	<u>Total</u> 28,536	
Total Enrollment	9,087	9,676	9,773	28,536	
Expenditures SUD	DY 4 \$ 55,779,031	DY 5 \$ 63,337,400	DY 6 \$ 67,105,341	Total \$ 186,221,772	
Total Claim Cost	\$ 55,779,031	\$ 63,337,400	\$ 67,105,341	\$ 186,221,772	
Per Member Per Month	DY 4 \$ 6,138.47	DY 5 \$ 6,545.82	DY 6 \$ 6,866.57	Total \$ 6,525.96	
Composite PMPM	\$ 6,138.47	\$ 6,545.82	\$ 6,866.57	\$ 6,525.96	

*Source: Milliman, Inc.

Table 11. Budget Neutrality Summary

Includes Experience Incurred and Paid through March 31, 2019

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, 2019				
	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	
Enrollment (Mbr Mos.)				
SUD	8,641	991	-	
Total Enrollment	8,641	991	-	
PMPM (Without Waiver)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	
SUD	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92	
Composite PMPM	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92	
Without Waiver Expenditures	\$ 59,058,729	\$ 7,105,084	\$ -	
PMPM (Actual)	DY 4	<u>DY 5</u>	<u>DY 6</u>	
SUD	\$ 6,124.99	\$ 5,944.94		
Composite PMPM	\$ 6,124.99	\$ 5,944.94		
With Waiver Expenditures	\$ 52,926,035	\$ 5,891,431		
Waiver Margin*	\$ 6,132,695	\$ 1,213,652		
*The state will not be allowed to obtain of the STCs	budget neutrality "savings"	from the SUD MEG, as sti	ipulated in Section XIV.3.e	

^{*}Source: Milliman, Inc.

Table 12. Budget Neutrality Summary

Budget Neutrality Projected - Includes Experience Incurred and Paid through March 31, 2019

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver						
Budget Neutrality Summary						
	•	id through March 3	1, 2019			
•		<u> </u>	•			
Enrollment (Mbr Mos.)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>			
SUD	9,087	9,676	9,773			
Total Enrollment	9,087	9,676	9,773			
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	\$ 62,105,621	\$ 69,373,146	\$ 73,500,146			
PMPM (Actual and Projected)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>			
SUD	\$ 6,138.47	\$ 6,545.82	\$ 6,866.57			
Composite PMPM	\$ 6,138.47	\$ 6,545.82	\$ 6,866.57			
With Waiver Expenditures	\$ 55,779,031	\$ 63,337,400	\$ 67,105,341			
Waiver Margin*	\$ 6,326,590	\$ 6,035,746	\$ 6,394,806			

^{*}Source: Milliman, Inc.