

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST**

NUMBER: No. 11-W-00237/5

TITLE: Healthy Indiana Plan (HIP) Medicaid Section 1115 Demonstration

AWARDEE: Indiana Family and Social Services Administration (FSSA)

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the State plan mandatory and optional populations. In addition, the provisions of the Social Security Act (the Act) specifically listed as waived in this list are “not applicable” to the demonstration populations made eligible through expenditure authority, as specified in the individual waivers.

The demonstration will operate under these waiver authorities and those provisions specified as “not applicable” beginning January 16, 2013. The waiver authorities and the provisions specified as “not applicable” will continue through December 31, 2013, unless otherwise stated.

The following waivers and references to the Act specified as “not applicable” shall enable Indiana to implement the HIP Medicaid section 1115 Demonstration.

Title XIX Waivers

1. Statewideness/Uniformity **Section 1902(a)(1)**

To the extent necessary to enable Indiana to operate the Demonstration and provide managed care plans or certain types of managed care plans, including provider-sponsored networks, only in certain geographical areas.

2. Amount, Duration, and Scope and Comparability **Section 1902(a)(10)(B)**

To the extent necessary to enable Indiana to vary the services offered to individuals, within eligibility groups or within the categorical eligible population, based on differing managed care arrangements or on the absence of managed care arrangements. Individuals enrolled in the Hoosier Healthwise program receive additional benefits such as case management and health education that may not be available to other Medicaid beneficiaries not enrolled in Hoosier Healthwise.

3. Freedom of Choice **Section 1902(a)(23)(A)**

To the extent necessary to enable Indiana to restrict the freedom of choice of providers for the demonstration eligibility groups through mandatory enrollment of eligible individuals in managed care organizations and/or Prepaid Inpatient Health Plans that do not meet the

requirements of section 1932 of the Act. No waiver of freedom of choice is authorized for family planning providers.