



**2017 ANNUAL REPORT SECTION 1115
State of Indiana**

END STAGE RENAL DISEASE (ESRD) DEMONSTRATION

PROJECT NUMBER: 11-W-00237/5

PROJECT NUMBER: 11-W-0030/5

REPORTING PERIOD:

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Federal Fiscal Quarter: 3/2017 (4/17-6/17)
Federal Fiscal Quarter: 4/2017 (7/17-9/17)
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The State of Indiana respectfully submits the 2017 Annual End Stage Renal Disease (ESRD) 1115 Demonstration Report.

If there are any questions or comments regarding these changes please do not hesitate to contact the State contacts listed below.

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INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

END STAGE RENAL DISEASE (ESRD) 2017 ANNUAL REPORT

1/1/17 - 12/31/17

CENTERS FOR MEDICARE & MEDICAID SERVICES

NUMBER: 11-W-00303/5

TITLE: End Stage Renal Disease

“According to the [U.S. Renal Data System Annual Data Report](#), chronic kidney failure, also called end-stage renal disease, or ESRD affects almost 650,000 people per year in the United States. Often progressing slowly over a period of years, kidney failure is measured in five stages - and ESRD is the final stage when kidneys no longer function on their own. The job of healthy kidneys is to filter waste and fluids from building up in the body. However, when kidneys fail, patients must undergo lifelong dialysis treatments to replace the kidney’s filtering function. The other choice for an ESRD patient, if eligible, is a kidney transplant, which requires a donor match, major surgery, and a lifetime of medications to prevent rejection”

<https://www.medicare.org/Articles/plans-coverage/medicare-coverage-esrd>).

ANNUAL REPORT

Goal of Report

The goal of this **END STAGE RENAL DISEASE (ESRD) ANNUAL REPORT** is to provide a progress report for the ESRD activities conducted from January 1, 2017 through December 31, 2017 as required by the Centers for Medicare & Medicaid Services (CMS) and outlined in the ESRD Special Terms and Conditions (STC’s). This report focuses on operational, enrollment, and fiscal accomplishments and summarizes the four Quarterly Reports provided to CMS in this year.

Executive Summary

Indiana’s Healthy Indiana Plan (HIP) 1.0 demonstration began in 1994 to supplement state plan benefits for Medicaid eligible children and otherwise eligible adults who are not aged, blind or disabled. HIP 1.0 was scheduled to expire at the end of 2013, but was extended for an additional year through December 31, 2014.

In May 2014, CMS approved an amendment to include former spend down enrollees diagnosed with End Stage Renal Disease (ESRD) as a HIP 1.0 demonstration population. ESRD enrollees are Medicare beneficiaries in need of supplemental health care coverage. By providing coverage through HIP, beneficiaries were able to access kidney transplant and related services that they might not be able to afford without the additional supplemental benefits.

In January 2015, CMS approved the Healthy Indiana Plan (HIP) 2.0 demonstration whereby former HIP 1.0 enrollees transitioned into the HIP 2.0 demonstration. The ESRD enrollees were

the only population remaining in the HIP 1.0 demonstration and the demonstration was operated on a temporary extension until its approval on July 28, 2016. It was renamed the End Stage Renal Disease (ESRD) Demonstration.

The ESRD Demonstration continues to provide coverage for individuals with ESRD that are not currently eligible under the Medicaid state plan. The demonstration originally covered approximately 350 individuals with ESRD, who would otherwise be unable to access kidney transplant services. Corrections made with data processing showed there were 694 enrollees in Population 1. With this demonstration extension, Indiana expects to achieve program objectives.

The End Stage Renal Disease (ESRD) 1115 demonstration waiver provides Medicare-enrolled individuals with ESRD, who are otherwise ineligible for Medicaid, with wrap-around fee-for-service coverage including supplemental coverage for kidney transplant services. The participants in the demonstration receive services through a fee-for-service delivery system and will be subject to the same cost sharing as described in the approved Medicaid state plan.

The objectives of this approved demonstration are:

- Increase overall coverage of low-income individuals with a diagnosis of ESRD; and
- Ensure access to comprehensive coverage for low-income individuals with a diagnosis of ESRD and primary coverage through Medicare.

Program Accomplishments

Increased Enrollment

Tables 1 2017 and Table 2 2016 display the increase in enrollment from the end of the 2016 to the end of the 2017 Demonstration Year.

<i>Table 1 2017</i>				
ESRD-Enrollment				
Source: Family & Social Services Administration (FSSA) Data and Analytics				
Report the unduplicated count of members enrolled as of the last day of the reporting quarters.				
	Total by Quarter			
Population	3/17	6/17	9/17	12/17
Demonstration Population 1 – Former Spend Down Individuals/Number of Enrollees	500	491	474	448
Demonstration Population 2 - Number of New Enrollees	830	902	910	1,018
Demonstration Population Total Number of Enrollees	1,330	1,393	1,384	1,466

<i>Table 2 2016</i>				
ESRD-Enrollment				
Source: Family & Social Services Administration (FSSA) Data and Analytics				
Report the unduplicated count of members enrolled as of the last day of the reporting quarters.				
	Total by Quarter			
Population	3/16	6/16	9/16	12/16
Demonstration Population 1 – Former Spend Down Individuals/Number of Enrollees	612	583	549	505
Demonstration Population 2 - Number of New Enrollees	830	630	746	765

Demonstration Population Total Number of Enrollees	1,216	1,213	1,295	1,270
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Total Enrollment in the End Stage Renal Disease Demonstration continues to increase. Enrollment for Demonstration Year 2017 increased 15.43% from 2016. As of December 31, 2017 there were 1,466 individuals enrolled in the End Stage Renal Disease (ESRD) Demonstration up 15.43% (196 individuals) from 1,270 the previous year.

- The total enrollment is composed of two populations. Demonstration Population 1 is defined as individuals who were “Former Spend Down Individuals/Number of Enrollees”, and Demonstration Population 2 is defined as “Number of New Enrollees”.

Continued Accessibility

Eligible ESRD enrollees covered under this demonstration waiver are Medicare beneficiaries in need of supplemental health care coverage. Continuing this coverage through the demonstration, beneficiaries are able to access fee-for-service kidney transplant and related services that they might not be able to afford by meeting the following conditions:

- Member is dually eligible for Medicare and Medicaid,
- Income is between 150% and 300% of the Federal Poverty Level (FPL),
- Resource limit is below \$1,500 per individual or \$2,250 per married couple,
- Member is not assigned to Level of Care during the month,
- Member is not in long term care during the month,
- Member is not assigned to managed care, and
- Member age is below 65 years.

Non-Emergency Medical Transportation (NEMT)

Access is also facilitated by the demonstration with the provision of Non-Emergency Medical Transportation (NEMT). Individuals affected by this demonstration shall receive benefits in the form of an administrative activity or service to assure non-emergency transportation to and from providers.

Project Status

Demonstration year 2017 was the 4th year of the ESRD Demonstration and is approved through December 31, 2020. The demonstration shows a 15.43% growth in enrollment from 2016 through the end of 2017 and a 112% increase from the population at inception. The demonstration made eligible individuals who might not have been able to access kidney transplant and/or related kidney disease treatments through a fee-for-service methodology.

Quantitative Findings/Utilization data

Budget Neutrality

<i>Table 3 2017</i>					
ESRD Budget Neutrality Calculations					
Source: FSSA Data and Analytics					
Report the member-months for budget neutrality for each quarter of the Demonstration Year.					
Eligibility Group	Member Months Total Quarter 1 1-3/31	Member Months Total Quarter 2 4-6/30	Member Months Total Quarter 3 7-9/30	Member Months Total Quarter 4 10-12/31	Total Member Months 01/17- 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	1,540	1,484	1,428	1,200	5,652
Demonstration Population 2 – New Enrollees	2,482	2,594	2,677	2,591	10,334
Total	4,022	4,078	4,105	3,791	15,996

<i>Table 4 2016</i>					
ESRD Budget Neutrality Calculations					
Source: FSSA Data and Analytics					
Report the member-months for budget neutrality for each quarter of the 2016 Demonstration Year.					
Eligibility Group	Member Months Total Quarter 1 1-3/31	Member Months Total Quarter 2 4-6/30	Member Months Total Quarter 3 7-9/30	Member Months Total Quarter 4 10-12/31	Total Member Months 01/16- 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	1,877	1,786	1,684	1,600	6,947
Demonstration Population 2 – New Enrollees	1,754	1,885	2,096	2,311	8,046
Total	3,631	3,671	3,780	3,911	14,993

The Indiana ESRD Demonstration continues to demonstrate efficient control over the budget neutrality of the ESRD Demonstration as displayed in Tables 3 and 4 by the 6.69% increase in the number of budget neutral member-months from 2016 to 2017.

Kidney Transplant List

<i>Table 5 2017</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of members on the kidney transplant list for each quarter and total for the 2017 DY.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2017 1/17 to 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	0	4	0	1	5
Demonstration Population 2 – New Enrollees	4	2	5	2	13
Total	4	6	5	3	18

<i>Table 6 2016</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of members on the kidney transplant list for each quarter and total for the 2016 DY.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2016 1/16 to 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	0	1	3	2	6
Demonstration Population 2 – New Enrollees	4	3	6	3	16
Total	4	4	9	5	22

As displayed above in Tables 5 and 6 the number of members on the kidney transplant list decreased 22.22% from 2016 to 2017. It could be speculated that this decrease might be attributed to a combination of an accumulated demand for the program for the 2016 ESRD Demonstration year and that the disease state has been slowed for a portion of individuals in care in the 2017 Demonstration year.

Kidney Transplant Recipients

<i>Table 7 2017</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of members who received a kidney transplant for each quarter and total for the 2017 Demonstration Year.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2017 1/17 to 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	49	50	47	43	189

Demonstration Population 2 – New Enrollees	48	41	39	42	170
Total	97	91	86	85	359

Table 8 2016

Measurement and Analysis

Source: FSSA Data and Analytics

Report the number of members who received a kidney transplant for each quarter and total for the 2016 Demonstration Year.

Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2016 1/16 to 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	49	51	46	57	203
Demonstration Population 2 – New Enrollees	48	35	34	38	155
Total	97	86	80	95	358

Tables 7 and 8 display the number of ESRD members who received a kidney transplant. The number was relatively stable increasing by 1 (358 to 359) from the 2016 to 2017 Demonstration Year.

ESRD Mortality Figures

Table 9 2017

Measurement and Analysis

Source: FSSA Data and Analytics

Report the number of members who expired due to ESRD each quarter and total for the 2017 Demonstration Year.

Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2017 1/17 to 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	7	8	8	5	28
Demonstration Population 2 – New Enrollees	5	10	12	9	36
Total	12	18	20	14	64

Table 10 2016

Measurement and Analysis

Source: FSSA Data and Analytics

Report the number of members who expired due to ESRD each quarter and total for the 2016 Demonstration Year.

Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2016 1/16 to 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	7	9	8	9	33

Demonstration Population 2 – New Enrollees	5	13	6	14	38
Total	12	22	14	23	71

The health and survival of individuals with ESRD is dependent upon access to regular transplant and related care services. From Demonstration Year 2016 to 2017 the number of members who expired decreased 10.93% (71 to 64) as shown in Tables 9 and 10. With the number of transplants relatively stable from 2016 through 2017 it may be inferred that others factors such as access and affordability to transplant and transplant related services have had a positive effect on the number of deaths in the 2017 Demonstration Year.

Preventative and Ambulatory Services

<i>Table 11 2017</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of members 20 years and older who received a preventive or ambulatory care visit for each quarter and total for the 2017 Demonstration Year.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2017 1/17 to 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	382	352	347	297	1,378
Demonstration Population 2 – New Enrollees	939	926	962	949	3,776
Total	1,321	1,278	1,309	1,246	5,154

<i>Table 12 2016</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of members 20 years and older who received a preventive or ambulatory care visit for each quarter and total for the 2016 Demonstration Year.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for DY 2016 1/16 to 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	464	422	411	386	1,683
Demonstration Population 2 – New Enrollees	690	735	814	885	3,124
Total	1,154	1,157	1,225	1,271	4,807

Continuous monitoring of a member who has end stage renal disease and has or has yet to have a kidney transplant is an important element in slowing the progress of the disease as well as associated conditions such as high blood pressure, high blood lipids and cardiovascular disease. Tables 11 and 12 above show an increase of 7.22% in the number of ESRD participants 20 years and older who received a preventive or ambulatory care visit from Demonstration Year 2016 to 2017.

Flu Vaccination Enrollees

<i>Table 13 2017</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of older adult members 45 to 64 years who received a flu vaccination for each quarter and total for the 2017 Demonstration Year.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for 2017 Ending 12/31/17
Demonstration Population 1 – Former Spend Down Individuals	3	0	15	18	36
Demonstration Population 2 – New Enrollees	8	0	44	70	122
Total	11	0	59	88	158

<i>Table 14 2016</i>					
Measurement and Analysis					
Source: FSSA Data and Analytics					
Report the number of older adult members 45 to 64 years who received a flu vaccination for each quarter and total for the 2016 Demonstration Year.					
Eligibility Group	Number of Members Quarter 1	Number of Members Quarter 2	Number of Members Quarter 3	Number of Members Quarter 4	Total Members for 2016 Ending 12/31/16
Demonstration Population 1 – Former Spend Down Individuals	6	0	10	39	55
Demonstration Population 2 – New Enrollees	2	0	15	60	77
Total	8	0	25	99	132

“Vaccination of Dialysis Patients and Patients with Chronic Kidney Disease (CKD)” is important “because incidence or severity of some vaccine-preventable diseases is higher in persons with altered immunocompetence; therefore, certain vaccines (e.g., inactivated influenza vaccine and pneumococcal vaccines) are recommended specifically for persons with immune compromise.” Tables 13 and 14 above show a 19.67% increase in older adult members 45 to 64 years who received a flu vaccination from DY 2016 to DY 2017.

(https://www.cdc.gov/dialysis/PDFs/Vaccinating_Dialysis_Patients_and_Patients_dec2012.pdf).

2017 Annual Evaluation Findings

The Indiana End Stage Renal Disease (ESRD) program began in May 2014 as a part of the Healthy Indiana Plan (HIP) 1.0. The demonstration was renewed and renamed in 2016 as the End Stage Renal Disease (ESRD) Demonstration and approved through December 31, 2020. At inception the demonstration covered approximately 694 individuals with ESRD. By the end of Demonstration Year 2017, enrollment had continued to expand and currently covers approximately 1,466 individuals, a 112% increase, providing lifesaving assistance for individuals who would otherwise would have been unable to access kidney transplant and kidney transplant related services.

The objectives of the demonstration are:

- Increase overall coverage of low-income individuals with a diagnosis of ESRD in the state; and
- Ensure access to comprehensive coverage for low-income individuals who have a diagnosis of ESRD and primary coverage through Medicare.

The 2017 Annual ESRD Report findings displayed in the previous tables show that the objectives of the demonstration have been successfully met. Individual access and preventative services have increased while the number of individuals with an ESRD diagnosis who have expired has decreased. While direct causality is impossible to assert, the ESRD Demonstration appears to be providing important and much needed health assistance to individuals who would otherwise have lived sicker while fearing financial hardship as a result of their diagnosis.