

FFQ1 2017

END STAGE RENAL DISEASE (ESRD) DEMONSTRATION

PROJECT NUMBER: 11-W-00237/5

PROJECT NUMBER: 11-W-0030/5

SECTION 1115 QUARTERLY REPORT

State of Indiana

REPORTING PERIOD:

Demonstration Year: 1 (1/01/16 - 12/31/16)
Federal Fiscal Quarter: 2/2016 (1/16 - 3/16)
Federal Fiscal Quarter: 3/2016 (4/16 - 6/16)
Federal Fiscal Quarter: 4/2016 (7/16 - 9/16)
Federal Fiscal Quarter: 1/2017 (10/16-12/16)

Demonstration Year: 2 (1/01/17-12/31/17)
Federal Fiscal Quarter: 2/2017 (1/1/-3/17)
Federal Fiscal Quarter: 3/2017 (4/17-6/17)
Federal Fiscal Quarter: 4/2017 (7/17-9/17)
Federal Fiscal Quarter: 1/2018 (10/17-12/17)

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Date Submitted to CMS: 00/00/0000



END STAGE RENAL DISEASE (ESRD) DEMONSTRATION

Introduction:

The End Stage Renal Disease (ESRD) 1115 demonstration waiver will allow Indiana to provide Medicare-enrolled individuals with ESRD, who are otherwise ineligible for Medicaid, with supplemental wrap-around coverage including supplemental coverage for kidney transplant services.

The goals of this approved demonstration are to:

- 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.

Questions that will be addressed are:

1. How many enrollees are on the kidney transplant list during enrollment?
2. How many enrollees received a kidney transplant during enrollment?
3. How many enrollees no longer have Medicare coverage ESRD?
4. How many enrollees expired during enrollment?

Question #3 was originally submitted as “How many enrollees no longer have a diagnosis of ESRD?” After further review of the waiver requirements and Medicare coverage requirements, this question was changed to “How many enrollees no longer have Medicare coverage?”

Question #4 was originally submitted as “How many enrollees expired due to ESRD during enrollment? The question was modified due to the goals of the waiver being to increase coverage for low-income individuals with a diagnosis of ESRD and primary coverage through Medicare and to ensure access to comprehensive coverage. The goals of the Waiver do not include preventing the enrollees from expiring.

Indiana’s 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 2.0 (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. The HIP 1.0 demonstration with only the ESRD enrollees operated on a temporary extension until its approval on July 28, 2016 and renamed the End Stage Renal Disease (ESRD) Demonstration

This demonstration will continue 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.

Overview:

The State of Indiana respectfully submits FFQ1 2017 End Stage Renal Disease 1115 Demonstration report.

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

State Contacts

Primary Contact	Secondary Contact
Vickie Trout Quality and Outcomes Director Office of Medicaid Policy and Planning Family and Social Services Administration W374 IGC-S MS 07 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317- 234-3804 Vickie.Trout@fssa.in.gov	Ron Smith Quality Analyst Office of Medicaid Policy and Planning Family and Social Services Administration W374 IGC-S, MS 07 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317-233-1662 Ronald.Smith3@fssa.in.gov

Table 1

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 quarter	
Item	Total
Demonstration Population 1 – Former Spend Down Individuals/Number of Enrollees	505
Demonstration Population 2 - Number of New Enrollees	765
Demonstration Population Total Number of Enrollees	1,270

Table 2

ESRD Budget Neutrality Calculations				
Source: Family & Social Services Administration Data and Analytics				
Report the member-months for budget neutrality for each month of the quarter and the total for the quarter.				
Eligibility Group	Member Months Month 1	Member Months Month 2	Member Months Month 3	Total Member Months for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	553	542	505	1,600
Demonstration Population 2 – New Enrollees	761	785	765	2,311
Total	1,314	1,327	1,270	3,911

Table 3

Outreach/Innovative Activities:
Source: FSSA
Summarize outreach activities and/or promising practices for the current quarter.
Nothing new to report this quarter.

Table 4

Operational/Policy Developments/Issues:
Source: FSSA
Identify all significant program developments/issues/problems that have occurred in the current quarter, including, but not limited to, approval and contracting with new plans, benefit changes, legislative activity, and non-emergency medical transportation.
The OMPP identified sections of the Medicaid manual to use to use as guidelines for DFR workers to provide information to Indiana Medicaid Members.

Table 5

Financial/Budget Neutrality Developments/Issues:
Source: FSSA/OMPP Finance
Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS-64 reporting for the current quarter. Identify the state’s actions to address these issues.
The State is reviewing its internal controls related to budget neutrality and CMS64 reporting. The State is working to re-tool our reporting logic to assure compliance with the Special Terms and Conditions set forth in the 1115 demonstration waiver.
Below, please find the OMPP Finance process to achieve control objectives of accurate, timely and complete reporting in compliance with the Special Terms and Conditions:
<ul style="list-style-type: none"> • Budget neutrality submissions will be developed utilizing CMS64 data. • Budget neutrality and CMS64 reporting will be reconciled quarterly prior to submitting reports to CMS. • Federal Funding Director/OMPP Controller will be the final approver on all budget neutrality submissions.
Reconciliation documentation will be maintained to support quarterly submissions.

Table 6

Budget Neutrality-Member Months					
Source: FSSA Data and Analytics					
This table contains the number of member months for each population of enrollees. Information was obtained from the Social Services Warehouse and the Data Warehouse. Demonstration Population 1 and 2 are defined by: Federal Poverty Level (FPL) is between 150% and 300%, 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, member is dually eligible for Medicare and Medicaid, and member age is below 65 years.					
Medicaid Eligibility Group (MEG)	Period	Month 1	Month 2	Month 3	Total
Demonstration Population 1 – Former Spend Down Individuals	Quarter	553	542	505	1,600
Demonstration Population 2 – New Enrollees	Quarter	761	785	765	2,311

Table 7

Consumer Issues
Source: FSSA Communications Services
A summary of the types of complaints or problems consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.
In 11/2016 the OMPP was contacted by a member on dialysis who wanted to know if she could stay on the Healthy Indiana Plan 2.0 (HIP 2.0) rather than accepting Medicare. The member was advised that there is no statute that requires a person to sign up for Medicare in order to get Medicaid, so the person could choose not to sign up for Medicare and get HIP 2.0 instead. However, the income limit for HIP 2.0 is lower (138% vs up to 300%) so the person may not qualify, depending on the Social Security Disability Insurance (SSDI) they begin to receive. If they choose to receive Medicare, Indiana would pay their monthly premiums, as long as they are below that 300% threshold and meet resource requirements.

Table 8

Quality Assurance/Monitoring Activity
Source: OMPP Quality & Outcomes
Identify any quality assurance/monitoring activity in current quarter.
On 11/22/2016 the OMPP requested an extension for the initial reports that were to be due on 11/30/2016.
On 11/23/2016 the OMPP was notified that the Shanna Janu, was the new Demonstration Officer
On 12/9/2016 the ESRD Evaluation of the Demonstration was uploaded to CMS.
On 12/16/2016 the OMPP notified Shanna Janu that the ESRD Evaluation of the Demonstration had been uploaded to CMS.

Table 9

Demonstration Evaluation
Source:FSSA/OMPP Quality & Outcomes
Discuss progress of evaluation design and planning.
Now that the waiver was approved, the OMPP began gathering data and assessing the adequacy of the design of the plan. It was determined that there were continuing issues with data due to multiple system updates and migration to new systems.

Table 10

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of members on the kidney transplant list for each month of the quarter and the total for the quarter.				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	0	2	0	2
Demonstration Population 2 – New Enrollees	2	0	1	3
Total	2	2	1	5

Table 11

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of members who received a kidney transplant for each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	45	51	38	57
Demonstration Population 2 – New Enrollees	24	27	25	38
Total	69	78	64	95

Table 12

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of members who no longer have a diagnosis of ESRD for each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	0	0	0	0
Demonstration Population 2 – New Enrollees	0	0	0	0
Total	0	0	0	0

Table 13

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of members who expired due to ESRD each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	2	4	3	9
Demonstration Population 2 – New Enrollees	3	7	4	14
Total	5	11	7	23

Table 14

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 each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	359	353	329	386
Demonstration Population 2 – New Enrollees	717	739	723	885
Total	1,076	1,092	1,052	1,271

Table 15

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of adult members age 20 to 44 years who received a flu vaccination each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	6	2	0	8
Demonstration Population 2 – New Enrollees	7	4	2	13
Total	13	6	2	21

Table 16

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of older adult members 45 to 64 years who received a flu vaccination each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	31	6	2	39
Demonstration Population 2 – New Enrollees	38	15	7	60
Total	69	21	9	99

Table 17

Measurement and Analysis				
Source: FSSA Data and Analytics				
Report the number of members who received an ambulatory care visit each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members Month 1	Number of Members Month 2	Number of Members Month 3	Total Members for Quarter Ending 12/16
Demonstration Population 1 – Former Spend Down Individuals	43	46	35	91
Demonstration Population 2 – New Enrollees	86	117	84	221
Total	129	163	119	312

Table 18

Enclosures/Attachments
Source: FSSA/OMPP Quality & Outcomes
Identify by title any attachments along with a brief description of what information the document contains.
None