

**FFQ3 2016**

**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? Note: this question had originally been submitted as “How many enrollees no longer have a diagnosis of ESRD?” The question was modified to be in alignment with the Waiver requirement that the enrollees have Medicare coverage.
4. How many enrollees expired during enrollment? Note: this question had originally been 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 FFQ3 2016 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
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*Table 1*

ESRD-Enrollment	
Source: Family & Social Services Administration 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	583
Demonstration Population 2 - Number of New Enrollees	630
Demonstration Population Total Number of Enrollees	1,213

*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 06/16
Demonstration Population 1 – Former Spend Down Individuals	607	596	583	1,786
Demonstration Population 2 – New Enrollees	622	633	630	1,885
Total	1,229	1,229	1,213	3,671

*Table 3*

<b>Outreach/Innovative Activities:</b>
Source: Family & Social Services Administration Data and Analytics
Summarize outreach activities and/or promising practices for the current quarter.
<p>Prior to this quarter, OMPP created training materials for staff of the Division of Family Resources (DFR). Training was subsequently provided to the Regional Managers of DFR throughout the State of Indiana. A Powerpoint presentation was provided to Treatment Centers that are involved in assisting new applicants with the process. Notices were mailed to members over a 5 day timeframe with 185,000 notices being sent.</p>

*Table 4*

<b>Operational/Policy Developments/Issues:</b>
Source: Family & Social Services Administration Data and Analytics
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.
Previous issues with data were identified and resolved. Data continues to be monitored to ensure accuracy.

Table 5

<b>Financial/Budget Neutrality Developments/Issues:</b>
Source: 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"> <li>• Budget neutrality submissions will be developed utilizing CMS64 data.</li> <li>• Budget neutrality and CMS64 reporting will be reconciled quarterly prior to submitting reports to CMS.</li> <li>• Federal Funding Director/OMPP Controller will be the final approver on all budget neutrality submissions.</li> </ul>
Reconciliation documentation will be maintained to support quarterly submissions.

Table 6

<b>Budget Neutrality-Member Months</b>					
Source: Family & Social Services Administration 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 <b>and</b> 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	607	596	583	1,786
Demonstration Population 2 – New Enrollees	Quarter	622	633	630	1,885

Table 7

<b>Consumer Issues</b>
Source: Family & Social Services Administration 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 February 2016 OMPP was contacted by a news reporter who was researching Senate Bill 276 which would deny dialysis to undocumented residents. The reporter asked if Medicaid covered ESRD. The reporter was told that Medicaid covers ESRD, as dialysis is an emergency service available to undocumented immigrants who receive Medicaid. The rate paid to providers for dialysis is based on what revenue code is billed and could result in payment of anywhere between \$10 and \$270 per session (excluding any additional supplies or drugs) before the Hospital Assessment Fee (HAF) is added in.

Before HAF, Indiana Medicaid was spending roughly \$21,672.95 a quarter on dialysis claims for undocumented members. This would be less than \$100,000 per year.

Table 8

Quality Assurance/Monitoring Activity
Source: Family & Social Services Administration/Office of Medicaid Policy & Planning Quality & Outcomes
Identify any quality assurance/monitoring activity in current quarter.
The waiver had not been approved during this quarter, therefore, no quality assurance and monitoring was done.

Table 9

Demonstration Evaluation
Source: Family & Social Services Administration/Office of Medicaid Policy & Planning Quality & Outcomes
Discuss progress of evaluation design and planning.
The waiver had not been approved during this quarter, therefore, there is nothing to report this quarter.

Table 10

Measurement and Analysis				
Source: Family & Social Services Administration 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 in Month 1	Number of Members in Month 2	Number of Members in Month 3	Total Members for Quarter Ending 06/16
Demonstration Population 1 – Former Spend Down Individuals	0	0	1	1
Demonstration Population 2 – New Enrollees	1	1	1	3
Total	1	1	2	4

Table 11

Measurement and Analysis				
Source: Family & Social Services Administration 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 in Month 1	Number of Members in Month 2	Number of Members in Month 3	Total Members for Quarter Ending 06/16
Demonstration Population 1 – Former Spend Down Individuals	40	38	39	51
Demonstration Population 2 – New Enrollees	25	19	20	35
Total	65	57	59	86

Table 12

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration Data and Analytics				
Report the number of members who no longer have Medicare coverage for each month of the quarter and the total for the quarter				
Eligibility Group	Number of Members in Month 1	Number of Members in Month 2	Number of Members in Month 3	Total Members for Quarter Ending 06/16
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

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration Data and Analytics				
Report the number of members who expired 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 06/16
Demonstration Population 1 – Former Spend Down Individuals	4	0	5	9
Demonstration Population 2 – New Enrollees	5	6	2	13
Total	9	6	7	22

Table 14

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration Data and Analytics				
Report the number of members 20 years and older who received a preventive 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 06/16
Demonstration Population 1 – Former Spend Down Individuals	395	387	373	422
Demonstration Population 2 – New Enrollees	590	603	595	735
Total	985	990	968	1,157

Table 15

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration 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 06/16
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 16

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration Data and Analytics				
Report the number of older adult members age 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 06/16
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 17

<b>Measurement and Analysis</b>				
Source: Family & Social Services Administration 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 06/16
Demonstration Population 1 – Former Spend Down Individuals	198	188	190	305
Demonstration Population 2 – New Enrollees	305	306	289	524
Total	503	494	479	829

Table 18

<b>Enclosures/Attachments</b>
Source: Family & Social Services Administration/Office of Medicaid Policy & Planning Quality & Outcomes
Identify by title any attachments along with a brief description of what information the document contains.
None