Centers for Medicare & Medicaid Services

Indiana End Stage Renal Disease (ESRD) Section 1115 Demonstration
FACT SHEET

Waiver Number: 11-W-00237/5
Date Extension Proposal Submitted: June 30, 2015
Date Extension Proposal Approved: July 28, 2016
Date Demonstration Expires: December 31, 2020

SUMMARY

The Indiana Healthy Indiana Plan (HIP) 1.0 demonstration was extended on July 28, 2016, and renamed the "End Stage Renal Disease (ESRD)" demonstration. The ESRD section 1115(a) demonstration provides Medicare-enrolled individuals who are otherwise ineligible for Medicaid with ESRD with supplemental wrap-around coverage, including supplemental coverage for kidney transplant services.

ELIGIBILITY

<table>
<thead>
<tr>
<th>Description</th>
<th>FPL Level and/or other qualifying criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former spend down enrollees effective May 31, 2014/ Demonstration Population 1</td>
<td>Enrolled in Medicaid spend down effective May 31, 2014, have Medicare, meet resource requirements limit of $1,500 for an individual and $2,250 for a couple, have income over 150% of FPL, have a diagnosis of ESRD, are not institutionalized, and meet all other Medicaid non-financial eligibility criteria, but are not otherwise eligible for Medicaid.</td>
</tr>
<tr>
<td>New Enrollees/ Demonstration Population 2</td>
<td>Income between 150 and 300% FPL, have Medicare, are diagnosed with ESRD, have resources less than $1,500 for an individual and $2,250 for a couple, are not institutionalized, and meet all other Medicaid non-financial eligibility criteria, but are not otherwise Medicaid eligible or Demonstration Population 1.</td>
</tr>
</tbody>
</table>

DELIVERY SYSTEM

The populations in the ESRD demonstration receive services through a fee for service system.

BENEFITS
Individuals eligible for the demonstration will be eligible for state plan benefits after they meet their ESRD liability. The liability will be calculated using spend down methodology based on incurred medical costs. This coverage is considered Minimal Essential Coverage (MEC).

<table>
<thead>
<tr>
<th>Services Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing bed in a skilled nursing facility</td>
</tr>
<tr>
<td>Long-term care services (nursing facility, home and community based waiver, and ICF/IID services)</td>
</tr>
</tbody>
</table>

**Admission to Nursing Facilities:** Expenditures incurred for any services received while an ESRD enrollee is an inpatient in a long term care institutional setting will not be claimed under the demonstration. Any individual enrolled in the ESRD demonstration who is admitted to a nursing facility or other long term care setting, either temporarily (for less than 30 days) or for a longer admission, will be assessed for eligibility under a Medicaid State Plan covered category. Such individuals will be disenrolled from the demonstration upon admission to an institution and assessed for re-enrollment into the demonstration upon discharge from the institutional setting.

**COST SHARING**
Enrollees will be subject to the same cost sharing as described in the approved Medicaid state plan.

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