FFQ2 2020



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 (1/17 - 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)

Demonstration Year: 3 (1/01/18 - 12/31/18) Federal Fiscal Quarter: 2/2018 (1/18 - 3/18) Federal Fiscal Quarter: 3/2018 (4/18 - 6/18) Federal Fiscal Quarter: 4/2018 (7/18 - 9/18) Federal Fiscal Quarter: 1/2019 (10/18 - 12/18)

Demonstration Year: 4 (1/01/19 – 12/31/19) Federal Fiscal Quarter: 2/2019 (1/19 – 3/19) Federal Fiscal Quarter: 3/2019 (4/19 – 6/19) Federal Fiscal Quarter: 4/2019 (7/19 – 9/19) Federal Fiscal Quarter: 1/2020 (10/19 – 12/19)

Demonstration Year: 5 (1/01/20 – 12/31/20) **Federal Fiscal Quarter: 2/2020 (1/20 – 3/20)**

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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 expired due to ESRD during enrollment?

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. With this demonstration extension, Indiana expects to achieve program objectives.

Overview:

The State of Indiana respectfully submits FFQ2 2020 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
Sue Beecher	Kelsey Pund
Progam Evaluation Manager	Quality Analyst
Office of Medicaid Policy and Planning	Office of Medicaid Policy and Planning
Family and Social Services Administration	Family and Social Services Administration
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Telephone: 317- 234-7887	Telephone: 317-234-5780
Susan.beecher@fssa.in.gov	kelsey.pund@fssa.in.gov

Table 1

10000	
ESRD-Enrollment	
Source: Family & Social Services Administration (FSSA) Data and	d Analytics
Report the unduplicated count of members enrolled as of the last day of the reporting qu	arter ending 3/31/20
Item	Total
Demonstration Population 1 – Former Spend Down Individuals/Number of Enrollees	32
Demonstration Population 2 - Number of New Enrollees	91
Demonstration Population Total Number of Enrollees	123

Table 2

Tubic 2							
ESRD Budget Neutrality Calculations							
	Source: FSSA Data and Analytics						
Report the member-months for	or budget neutrality	for each month of the	e quarter and the total f	for the quarter.			
Eligibility Group Member Months Member Months Month 1 Member Months Month 3 Total Member Months for Quarter Ending 3/31/20							
Demonstration Population 1 – Former Spend Down Individuals	31	30	29	90			
Demonstration Population 2 – New Enrollees	89	83	79	251			
Total	120	113	108	341			

Table 3

Outreach/Innovative Activities:				
Source: FSSA				
Summarize outreach activities and/or promising practices for the current quarter.				
There were no outreach activities and/or promising practices to report for 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.

There is nothing to report this quarter.

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 has developed reporting to capture ESRD expenditures on a quarterly basis. The resulting data from this query will be reported on the appropriate CMS 64 form.

The State continues to review internal controls related to budget neutrality and CMS64 reporting, to ensure continued compliance with the Special Terms and Conditions set forth in the 1115 demonstration waiver.

Below, please find our process to achieve control objectives of accurate, timely and complete reporting in compliance with the Special Terms and Conditions:

- 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
					3/31/20
Demonstration Population 1 – Former Spend Down	Quarter	31	30	29	90
Individuals					
Demonstration Population 2 – New Enrollees	Quarter	89	83	79	251

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.

There were no complaints or problems identified about the program in this reporting quarter.

Table 8

Quality Assurance/Monitoring Activity

Source: OMPP Quality & Outcomes

Identify any quality assurance/monitoring activity in current quarter.

There were no quality/assurance/monitoring activity that occurred in the current quarter.

Table 9

Demonstration Evaluation

Source: FSSA/OMPP Quality & Outcomes

Discuss progress of evaluation design and planning.

There is nothing to report this quarter.

Table 10

Measurement and Analysis						
	Source	e:FSSA Data and An	alytics			
Report the number of memb	ers on the kidney tran	splant list for each n	nonth of the quarter an	d the total for the quarter.		
Eligibility Group	Number of	Number of	Number of	Total Members		
	Members	Members Members for Quarter E				
	Month 1	Month 2	Month 3	3/31/20		
Demonstration Population						
1 – Former Spend Down	1	0	0	0		
Individuals						
Demonstration Population	0	0 1		2		
2 – New Enrollees	U	1	1	2		
Total	1	1	1	2		

Table 11

Measurement and Analysis								
	Source	: FSSA Data and An	alytics					
Report the number of memb	ers who received a ki	dney transplant for e	ach month of the quart	er and the total for the				
quarter								
Eligibility Group	Number of	Number of	Number of	Total Members				
	Members	Members	Members	for Quarter Ending				
	Month 1	Month 2	Month 3	3/31/20				
Demonstration Population								
1 – Former Spend Down	7 6 5 18							
Individuals	Individuals							
Demonstration Population	11 8 4 23							
2 – New Enrollees	11	O	4	23				
Total	18	14	9	41				

Table 12

Measurement and Analysis								
	Source: FSSA Data and Analytics							
Report the number of memb	ers who no longer hav	ve a diagnosis of ESI	RD for each month of t	the quarter and the total for				
the quarter								
Eligibility Group	Number of	Number of	Number of	Total Members				
	Members	Members Members for Quarter Ending						
	Month 1	Month 2	Month 3	3/31/20				
Demonstration Population	0	0	0	0				
1 – Former Spend Down								
Individuals								
Demonstration Population	1	1 1 1 3						
2 – New Enrollees								
Total	1	1	1	3				

Table 13

Measurement and Analysis							
	Source	: FSSA Data and An	alytics				
Report the number of members	pers who expired due	to ESRD each month	n of the quarter and the	total for the quarter			
Eligibility Group	Number of	Number of	Number of	Total Members			
	Members	Members	Members	for Quarter Ending			
	Month 1	Month 2	Month 3	3/31/20			
Demonstration Population							
1 – Former Spend Down	0	0	0	0			
Individuals							
Demonstration Population	0	1	1	3			
2 – New Enrollees	U	1	1	3			
Total	0	1	1	3			

Table 14

Measurement and Analysis							
	Source: FSSA I	Data and Analytics					
Report the number of members 20 years	s and older who rec	eived a preventive of	care visit each mont	h of the quarter and			
the total for the quarter							
	Number of	Number of	Number of	Total Members			
Eligibility Group	Members	Members	Members	for Quarter Ending			
	Month 1	Month 2	Month 3	3/31/20			
Demonstration Population 1 – Former	er 29 28 27 84						
Spend Down Individuals	Spend Down Individuals						
Demonstration Population 2 – New	80 75 73 228						
Enrollees	60	13	13	220			
Total	109	103	100	312			

Table 15

Measurement and Analysis						
	Source: FSSA I	Data and Analytics				
Report the number of adult members ag	ge 20 to 44 years wh	no received a flu vac	ccination each mont	h of the quarter and		
the total for the quarter						
Number of Number of Number of Total Members Eligibility Group Members Members Members Month 1 Month 2 Month 3 3/31/20						
Demonstration Population 1 – Former Spend Down Individuals 0 0 0 0						
Demonstration Population 2 – New 0 0 0						
Total	0	0	0	0		

Table 16

Measurement and Analysis

Source: FSSA 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

and the total for the quarter						
EU all III (co Consess	Number of	Number of	Number of	Total Members		
Eligibility Group	Members	Members	Members	for Quarter Ending		
	Month 1	Month 2	Month 3	3/31/20		
Demonstration Population 1 – Former	0	0	0	0		
Spend Down Individuals	U	U	U	U		
Demonstration Population 2 – New	0	0	0	0		
Enrollees	U	U	U	U		
Total	0	0	0	0		

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					
	Number of	Number of	Number of	Total Members	
Eligibility Group	Members	Members	Members	for Quarter Ending	
	Month 1	Month 2	Month 3	3/31/20	
Demonstration Population 1 – Former	21	12	8	41	
Spend Down Individuals	21	12	0	41	
Demonstration Population 2 – New	51	37	32	120	
Enrollees	31	37	32	120	
Total	72	49	40	161	

Table 18

1 <i>able</i> 10				
Enclosures/Attachments				
Source: FSSA/OMPP Quality & Outcomes				
Identify by title any attachments along with a brief description of what information the document contains.				
There are no attachments included with this submission.				