FFQ4 2021



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) Federal Fiscal Quarter: 3/2020 (4/20 – 6/20) Federal Fiscal Quarter: 4/2020 (7/20 – 9/20) Federal Fiscal Quarter: 1/2020 (10/20 – 12/20)

Demonstration Year: 6 (1/01/21 – 12/31/21) Federal Fiscal Quarter: 2/2021 (1/21 – 3/21) Federal Fiscal Quarter: 3/2021 (4/21 – 6/21) **Federal Fiscal Quarter: 4/2021 (7/21 – 9/21)**

DEMONSTRATION OFFICER:

Rachel Nichols
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-03-14
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: 410-786-4252

Email: Rachel.nichols@cms.hhs.gov

COMMUNICATIONS TO:

Shanna Janu and
Ms. Ruth Hughes
Associate Regional Administrator
Division of Medicaid and Children Health Operations
233 North Michigan Avenue, Suite 600
Chicago, IL 60601
Email: Ruth.hughes@cms.hhs.gov

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State Contacts

| Primary Contact | Secondary Contact |
|---|---|
| Sue Beecher | Kelsey Pund |
| Program 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 |
| W374 IGC-S MS 07 | W374 IGC-S, MS 07 |
| 402 W Washington St. | 402 W Washington St. |
| Indianapolis, IN 46204-2739 | Indianapolis, IN 46204-2739 |
| Telephone: 317- 234-7887 | Telephone: 317-234-5780 |
| Susan.beecher@fssa.in.gov | kelsey.pund@fssa.in.gov |

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.
- Through the Workforce Bridge Account program, support for the successful transition from Medicaid to commercial insurance will be provided to mitigate disincentives associated with increasing income and losing access to Medicaid coverage, and reduce healthcare coverage gaps and improve overall access to care.

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.

On July 25, 2019, Indiana submitted the Workforce Bridge Account amendment, to the state's section 1115 demonstration entitled, Healthy Indiana Plan (HIP). During the review process, it was decided to instead seek to amend its current ESRD section 1115 demonstration (rather than HIP) to include the Workforce Bridge Account program. This would permit the state to reinvest budget neutrality savings achieved in the ESRD demonstration to support this initiative.

On June 1, 2020, CMS amended the ESRD demonstration STCs to include the Workforce Bridge Account. This program provides up to \$1,000 for eligible individuals for the purpose of paying health insurance premiums, cost sharing, and/or the direct costs of prescription drugs and services otherwise coverable under section 1905(a) of the Social Security Act. The state may claim as allowable expenditures under the demonstration funds as described below. This assistance is expected to act as a bridge to commercial insurance coverage. While individuals would be made aware that this resource would be available to them if they took steps that could raise their income enough to lose Medicaid eligibility, the accounts would only be activated when an individual is no longer Medicaid eligible. To be eligible for the Workforce Bridge Account, an individual must have been eligible for Medicaid under section 1902(a)(10)(A)(i)(VIII) of the Act1 and now no longer eligible under this category or any other Medicaid category due to increased income. Individuals who have been most recently disenrolled for failure to meet conditions of eligibility, such as payment of premiums, will not qualify.

Overview:

The State of Indiana respectfully submits FFQ4 2021 End Stage Renal Disease 1115 Demonstration report. The Workforce Bridge Account program is not currently enrolling individuals since members cannot disenroll for increased income due to the Public Health Emergency Executive Order. In addition, the State submitted a waiver renewal application and CMS approved to extend the ESRD demonstration through December 31, 2021.

Table 1

| ESRD-Enrollment | | | | |
|--|-------------|--|--|--|
| Source: Family & Social Services Administration (FSSA) Data an | d Analytics | | | |
| Report the unduplicated count of members enrolled as of the last day of the reporting quarter ending 9/30/21 | | | | |
| Item Total | | | | |
| Demonstration Population 1 – Former Spend Down Individuals/Number of Enrollees | 30 | | | |
| Demonstration Population 2 - Number of New Enrollees | 291 | | | |
| Demonstration Population Total Number of Enrollees | 321 | | | |

The total number of ESRD enrollees remained the same compared to the reporting quarter ending 06/30/2021 (n=327).

Table 2

| 14016 2 | | | | | | | |
|--|---------------------------------|-----------------------|-------------------------|--------------------------|--|--|--|
| ESRD Budget Neutrality Calculations | | | | | | | |
| | Source: FSSA Data and Analytics | | | | | | |
| Report the member-months for | or budget neutrality f | for each month of the | quarter and the total f | for the quarter. | | | |
| Eligibility Group | Member Months | Member Months | Member Months | Total Member Months | | | |
| | Month 1 | Month 2 | Month 3 | for Qrtr. Ending 9/30/21 | | | |
| Demonstration Population 1 – Former Spend Down Individuals | 30 | 30 | 30 | 90 | | | |
| Demonstration Population 2 – New Enrollees 289 | | 289 | 286 | 864 | | | |
| Total | 319 | 319 | 316 | 954 | | | |

Table 3

| Outreach/Innovative Activities: | | |
|---|--|--|
| Source: FSSA | | |
| Summarize outreach activities and/or promising practices for the current quarter. | | |
| No outreach activities occurred during this reporting 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 Workforce Bridge Account program has yet to be implemented due to the federal Public Health Emergency. Since member health coverage will not be terminated during the PHE, members cannot disenroll for increased income.

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.

Indiana has adopted the new Budget Neutrality workbook that CMS released on September 30, 2019. This workbook has been uploaded under its own deliverable in PMDA and as directed by CMS is not included due to the new formatting structure. The ESRD demonstration remains budget neutral. The number of ESRD enrollees is decreasing for both MEGs with every demonstration year and the PMPMs are increasing every demonstration year.

Table 6

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 7

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 8

Demonstration Evaluation

Source: FSSA/OMPP Quality & Outcomes

In discussion with CMS, Indiana agreed to include the evaluation and data of the 1-year extension of the ESRD waiver (CY2021) into the 2018-2020 Summative Evaluation. In order to capture and analyze complete data, the Summative Evaluation will now include data from 2018- 2021 and be submitted to CMS no later than December 31, 2022.

Table 9

| Measurement and Analysis | | | | | | | |
|---------------------------|---------------------------------|------------------------|-------------------------|------------------------------|--|--|--|
| | Source: FSSA Data and Analytics | | | | | | |
| 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 | | | | | | |
| | Month 1 Month 2 Month 3 | | 9/30/21 | | | | |
| Demonstration Population | stration Population | | | | | | |
| 1 – Former Spend Down | 1 | 1 | 1 1 | 2 | | | |
| Individuals | | | | | | | |
| Demonstration Population | 0 | 0 | 1 | 1 | | | |
| 2 – New Enrollees | Enrollees 0 1 1 | | | | | | |
| Total | 1 | 1 | 2 | 3 | | | |

Table 10

| Measurement and Analysis | | | | | | |
|--|---|----|----|----|--|--|
| Source: FSSA Data and Analytics | | | | | | |
| Report the number of member | 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 Number of Number of Total Members Members Members Members for Quarter Ending Month 1 Month 2 Month 3 9/30/21 | | | | | | |
| Demonstration Population 1 – Former Spend Down Individuals | 10 | 8 | 5 | 11 | | |
| Demonstration Population 2 – New Enrollees | 38 | 37 | 26 | 48 | | |
| Total | 48 | 45 | 31 | 59 | | |

Table 11

| Measurement and Analysis | | | | | | | |
|-------------------------------|---|-----------|-----------|---------------|--|--|--|
| | Source: FSSA Data and Analytics | | | | | | |
| Report the number of memb | 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 | Number of | Number of | Total Members | | | |
| Members Members for Quarter E | | | | | | | |
| | Month 1 | Month 2 | Month 3 | 9/30/21 | | | |
| Demonstration Population | 0 | 0 | 0 | 0 | | | |
| 1 – Former Spend Down | | | | | | | |
| Individuals | | | | | | | |
| Demonstration Population | 2 | | | | | | |
| 2 – New Enrollees | | | | | | | |
| Total | 2 | 2 | 2 | 2 | | | |

Table 12

| Measurement and Analysis | | | | | | | |
|------------------------------|---------------------------------|--------------------|--------------------------|-----------------------|--|--|--|
| | Source: FSSA Data and Analytics | | | | | | |
| Report the number of members | pers who expired due | to ESRD each montl | 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 | 9/30/21 | | | |
| Demonstration Population | | | | | | | |
| 1 – Former Spend Down | 0 | 0 | 0 | 0 | | | |
| Individuals | | | | | | | |
| Demonstration Population | | 2 | 2 | 6 | | | |
| 2 – New Enrollees 2 2 | | | | 6 | | | |
| Total | 2 | 2 | 2 | 6 | | | |

It is important to note that we currently do not have ICD-10 codes to determine if the member died due to their ESRD diagnosis. The FSSA D&A team at the State has procured the vital statistics data from the Indiana Department of Health. The state is hopeful that this information will be included the Summative Evaluation for this demonstration.

Table 13

| 1 tible 15 | | | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|--|--|--|
| Measurement and Analysis | | | | | | |
| | Source: FSSA 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 | | | | | | |
| Eligibility Group | Number of Members Month 1 | Number of Members Month 2 | Number of Members Month 3 | Total Members for Quarter Ending 9/30/21 | | |
| Demonstration Population 1 – Former Spend Down Individuals | 26 | 27 | 28 | 28 | | |
| Demonstration Population 2 – New Enrollees | 240 | 244 | 245 | 250 | | |
| Total | 266 | 271 | 273 | 278 | | |

Table 14

| 14010-11 | | | | | |
|---------------------------------------|----------------------|-----------------------|--------------------|----------------------|--|
| Measurement and Analysis | | | | | |
| Source: FSSA Data and Analytics | | | | | |
| Report the number of adult members ag | ge 20 to 44 years wh | no received a flu vac | cination 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 | 9/30/21 | |
| Demonstration Population 1 – Former | 0 | 0 | 0 | 0 | |
| Spend Down Individuals | U | U | U | U | |
| Demonstration Population 2 – New | | | | | |
| Enrollees | | | | | |
| Total | 0 | 0 | 0 | 0 | |

Table 15

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

| wild the votal 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 9/30/21 | |
| 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

| | 100 | 10 | | |
|--|---------------------------------|---------------------------------|---------------------------------|--|
| 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 9/30/21 |
| Demonstration Population 1 – Former Spend Down Individuals | 14 | 12 | 7 | 22 |
| Demonstration Population 2 – New Enrollees | 138 | 135 | 105 | 203 |
| Total | 152 | 147 | 112 | 225 |

| Table 17 | | | | |
|---|--|--|--|--|
| 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. | | | | |