

1. Preface

1.1 Transmittal Title Page

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2020
Demonstration Goals and Objectives	Improving quality, accessibility, and health outcomes.

2. Executive Summary

Program operations remained stable in January and February. In response to the COVID-19 Public Health Emergency (PHE), HIP policies have been temporarily changed to ensure HIP members maintain coverage. We explain these changes further in Section 9 below.

Indiana’s Community Engagement program, Gateway to Work, went live January 1, 2019. Effective October 31, 2019, those reporting requirements were no longer enforced for HIP coverage.

3. Enrollment

- (Required) The state has attached the required enrollment metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

In this quarter, we saw a 6.6 percent increase in the total number of HIP enrollees. Due to Indiana’s COVID-19 response, HIP members were not disenrolled for the month of March and will not be disenrolled for the duration of the PHE. More information can be found in Section 9 below.

As of March 31, 2020, 69% of overall HIP enrollees are enrolled in the PLUS program compared to 26.2% who are enrolled in the HIP-Basic program. There was a 10% increase in PLUS enrollment compared to Q4 2019.

Similarly, members enrolled in the HIP Maternity category saw a 5% increase in total enrollment. This increase is due to members not being disenrolled from their current coverage category.

3.2 Anticipated Changes to Enrollment

- The state does not anticipate changes to enrollment at this time.

The state does expect increases in enrollment throughout the duration of the PHE since members will not be disenrolled. This is explained further in Section 9 below.

4. Benefits

- (Required) The state has attached completed the benefit metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

4.1 Benefit Issues: New and Continued

4.2 Anticipated Changes to Benefits

- The state does not anticipate changes to benefits at this time.

5. Demonstration-related Appeals

- (Required) The state has attached completed the appeals metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

5.1 Appeal Issues: New and Continued

5.2 Anticipated Changes to Appeals

- The state does not anticipate changes to appeals at this time.

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

6. Quality

- (Required) The state has attached the quality measures in Appendix X.
- (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

6.1 Quality Issues: New and Continued

6.2 Anticipated Changes to Quality

- The state does not anticipate changes related to quality at this time.

7. Other Demo Specific Metrics

- (If applicable) The state has attached completed the other metrics in Appendix X.

- (If applicable) The state does not have any issues to report related to the other metrics in Appendix X and has not included any narrative.

7.1 Other Metric Issues: New and Continued

7.2 Anticipated Changes to Other Metrics

- The state does not anticipate future changes to other metrics at this time.

8. Financial/Budget Neutrality

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 in Appendix X due to the new formatting structure.

- (Required) The state has attached completed the budget neutrality workbook in Appendix X.

8.1 Financial/Budget Neutrality Issues: New and Continued

8.2 Anticipated Changes to Financial/Budget Neutrality

- The state does not anticipate future changes to budget neutrality at this time.

9. Demonstration Operations and Policy

The following policy changes have been made in response to the COVID-19 Public Health Emergency:

Member Eligibility

HIP member health coverage will not be terminated during the PHE. Member coverage will only end if a member voluntarily withdraws or moves out of the state. It does not apply to presumptive eligibility. This decision was implemented after letters were sent to members whose coverage was set to close on March 31. Those closures did not take place, and new letters were sent.

Redetermination of Eligibility

The State ensured that no HIP members would be closed for not complying with redetermination requirements or not meeting eligibility criteria at redetermination during the PHE.

Cost Sharing

All cost sharing is suspended for the duration of the PHE. Premiums and POWER Account contributions will be waived for the months of March-August 2020. All members who made payments for the month of March or any future months will have those payments applied as credits on their account when payments are required again. Member coverage will start when eligibility is determined and will not require a first payment in order to begin. Fast Track payments are not required during PHE.

Pharmacy

Pharmacies are now allowed to fill prescriptions with name brand drugs in the event that the generic drug the member takes is out of supply. Pharmacies can also now fill some prescriptions early and can fill maintenance prescriptions for 90-days, if requested.

Telehealth

Telehealth restrictions and requirements for face-to-face encounters for various health care services and prescribing requirements have been suspended. This permits increased use of telehealth for statewide services, included Medicaid covered services, mental health and SUD treatment and prescribing.

Hearings and Appeals

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

10. Implementation Update

11. Demonstration Evaluation Update

In early March 2020 (Q1), CMS provided written comments to the State followed by meetings to discuss feedback on the Interim Evaluation Report. The State and evaluator met to discuss the recommendations included in these comments to respond to CMS within 60 days. The State will submit responses and a revised Interim Evaluation Report by the end of April 2020 (Q2).

In late March 2020 (Q1), CMS provided written comments to the State on the evaluation plan. The State and evaluator met to discuss the recommendations included in these comments to respond to CMS within 60 days. The State will submit responses and a revised evaluation plan to CMS in May 2020 (Q2).

In March 2020 (Q1), the State began developing strategies to respond to the COVID-19 public health emergency.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
N/A	N/A	N/A	N/A

12. Other Demonstration Reporting

None to report during this quarter.

12.1 Post Award Public Forum

If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428 .

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: January 1, 2020 – March 31, 2020

FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	40,607	31,364	71,971	32.1%	86,546	55,963	142,509	63.5%	10,049	4.5%	224,528	54.2%
5%-10%	510	211	721	24.2%	1401	714	2,115	70.9%	147	4.9%	2983	0.7%
11%-22%	1,367	501	1,868	24.4%	3,532	1790	5,322	69.6%	454	5.9%	7,644	1.8%
23%-50%	1,903	5,076	6,979	25.1%	6,011	13,086	19,097	68.6%	1,754	6.3%	27,830	6.7%
51%-75%	2,424	7,074	9,498	24.6%	8,125	19,103	27,228	70.4%	1,957	5.1%	38,683	9.3%
76%-100%	2,696	8,226	10,922	23.2%	9,918	23,904	33,822	71.9%	2,283	4.9%	47,027	11.4%
Total <101%	49,507	52,452	101,959	29.2%	115,533	114,560	230,093	66.0%	16,644	4.8%	348,695	84.2%
101%-138%	2,298	4,022	6,320	10.2%	15,849	37,186	53,035	85.3%	2,842	4.6%	62,197	15.0%
>138%	11	32	43	1.4%	2513	140	2,653	86.3%	379	12.3%	3075	0.7%
Grand Total	51,816	56,506	108,322	26.2%	133,895	151,886	285,781	69.0%	19,865	4.8%	413,967	100.0%

*Source: FSSA Data & Analytics

2. Benefits Metrics

Table 2. Preventive Services and Chronic Care

Reporting Period: January 1, 2020 – March 31, 2020

Table 2 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	MCE 1	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	58.3%	82.4%	89.2%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	56.0%	87.0%	95.0%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	41.7%	74.1%	82.3%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	32.0%	79.0%	92.6%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	52.5%	77.6%	86.7%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	48.1%	80.3%	93.9%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	49.2%	79.5%	86.9%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	42.4%	84.3%	94.3%
Breast Cancer Screening	MCE 1	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	173	2,705	3,250
		Number of female members ages 52-74 at the end of the measurement period	1,328	9,803	9,371
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	13.0%	27.6%	34.7%
	MCE 2	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	16	345	281
		Number of female members ages 52-74 at the end of the measurement period	468	2558	1478
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	3.4%	13.5%	19.0%
	MCE 3	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	46	1174	1940
		Number of female members ages 52-74 at the end of the measurement period	476	4105	5041

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	MCE 4	Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	21.9%	53.7%	60.5%	
		Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	48	988	1,489	
		Number of female members ages 52-74 at the end of the measurement period	422	3,340	3,282	
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	24.0%	59.5%	66.1%	
Cervical Cancer Screening	MCE 1	Women who had one or more PAP tests, ages 21 - 64 years	3,128	10,479	22,939	
		Women enrolled with the MCE, ages 21 - 64 years	11,154	32,590	57,528	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	28.0%	32.2%	39.9%	
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	489	2039	2958	
		Women enrolled with the MCE, ages 21 - 64 years	4503	10213	11679	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	10.9%	20.0%	25.3%	
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	1113	6981	13631	
		Women enrolled with the MCE, ages 21 - 64 years	5202	19165	33632	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	36.2%	53.4%	54.2%	
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	784	4,581	10,053	
		Women enrolled with the MCE, ages 21 - 64 years	3,435	12,982	23,387	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	22.8%	35.3%	43.0%	
Comprehensive Diabetes Care	MCE 1	Number of members ages 18-75 with diabetes who had an HbA1c test	427	2,493	7,859	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	871	4302	11098	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	49.0%	57.9%	70.8%	
	MCE 2	Number of members ages 18-75 with diabetes who had an HbA1c test	66	488	935	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	223	1250	1764	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	29.6%	39.0%	53.0%	
	MCE 3	Number of members ages 18-75 with diabetes who had an HbA1c test	138	1389	4478	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	329	2,251	6,090	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	61.1%	85.0%	85.9%	
			Number of members ages 18-75 with diabetes who had an HbA1c test	109	968	3,124

	MCE 4	Number of members ages 18-75 at the end of the measurement period identified with diabetes	169	1113	3585
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	67.7%	87.9%	88.6%

**Source: OMPP Quality and Reporting*

Table 3. Emergency Room Utilization

Reporting Period: January 1, 2020 – March 31, 2020

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for July 1, 2019- September 30, 2019 for HIP Plus, HIP Basic, and HIP State Plan.

Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	101,535	44,427	57,108	54	43.8%	56.2%
HIP Basic	47,640	22,240	25,400	75	46.7%	53.3%
HIP State Plan	240,043	109,639	130,404	108	45.7%	54.3%

3. Appeals Metrics

Table 4. Hearings Opened

Reporting Period: January 1, 2020 – March 31, 2020

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1,409		
Pending	0	0.0%	
Rejected	48	3.4%	5.9
Accepted	1,361	96.6%	5.7

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted

Reporting Period: January 1, 2020 – March 31, 2020

Hearings Accepted	Count		Average Days
In Process	188	13.8%	
Dismissed	1010	74.2%	32.5
Hearings Held	163	12.0%	32.0

**Source: FSSA Data & Analytics*

Table 6. Hearings Held

Reporting Period: January 1, 2020 – March 31, 2020

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	10	6.1%		
Released	153	93.9%		52.1
Withdrawn	9		5.9%	
Favorable to State	76		49.7%	
Favorable to Appellant	68		44.4%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons

Reporting Period: January 1, 2020 – March 31, 2020

Count	Reason
609	004 Unable to Determine eligibility
479	001 Financially Ineligible
181	027 Other
64	047 Non Payment of Power Account
38	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen

Reporting Period: January 1, 2020 – March 31, 2020

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	12,170	3,468	7,164	5,609	28,411
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	549	271	736	208	1,764
New Members Net of Terminated	11,621	3,197	6,428	5,401	26,647
Number of Members in Item #1 that have been Classified as Unreachable	8,280	1,178	2,196	428	12,082
New Members Net of Terminated and Unreachable	3,341	2,019	4,232	4,973	14,565
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	2,935	1,038	4,136	3,330	11,439
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	25.3%	32.5%	64.3%	67.7%	47.5%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	87.8%	51.4%	97.7%	67.0%	76.0%

**Source: OMPP Quality and Reporting*

Table 9. Physical Health Complex Care Management

Reporting Period: January 1, 2020 – March 31, 2020

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	1,774	313	8	429	14,099	102	332
Diabetes	4,484	297	246	1,278	32,924	371	539
COPD	1,457	98	20	450	15,194	143	316
Coronary Artery Disease	329	1	6	144	6,086	13	136
Congestive Heart Failure	725	29	15	222	5,938	96	127
Chronic Kidney Disease	627	19	10	209	6,444	68	141

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: January 1, 2020 – March 31, 2020

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	5,033	703	123	1,526	75,469	402	1,062
ADHD	224	662	3	1,747	581	7	33
Autism/Pervasive Developmental Disorder	214	661	3	1,761	1,468	11	43
Inpatient Discharges from Psychiatric Hospital	3,025	661	20	2,050	122,286	760	1,291
Bipolar Disorder	1,605	664	47	465	23,684	151	317

Table 11 and Table 12. Prenatal and Postpartum Care

Reporting Period: January 1, 2020 – March 31, 2020

Table 11 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as the average number of prenatal visits during the enrollment.

MCE	Data Description	Prior to Week 15 of Pregnancy	Weeks 15 through 28 of Pregnancy	Weeks 29 through 36 of Pregnancy	Week 37 or later of Pregnancy
MCE 1	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	5,628	2,063	737	291
	Prenatal visits in Weeks 1-14	10,433			
	Prenatal visits in Weeks 15-28	23,588	5,207		
	Prenatal visits in Weeks 29-36	23,938	8,532	1,608	
	Prenatal visits in Week 37 and later	22,489	7,987	2,738	592
	Average number of visits in Weeks 1-14	1.9			
	Average number of visits in Weeks 15-28	4.2	2.5		
	Average number of visits in Weeks 29-36	4.3	4.1	2.2	
Average number of visits in Weeks 37 and later	4.0	3.9	3.7	2.0	
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	805	1085	408	166
	Prenatal visits in Weeks 1-15	503			
	Prenatal visits in Weeks 15-29	3553	3563		
	Prenatal visits in Weeks 29-37	3153	4143	1050	
	Prenatal visits in Week 37 and later	2971	3929	1324	367
	Average number of visits in Weeks 1-15	0.6			

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	Average number of visits in Weeks 15-29	4.4	3.3		
	Average number of visits in Weeks 29-37	3.9	3.8	2.6	
	Average number of visits in Weeks 37 and later	3.7	3.6	3.2	2.2
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,551	1,819	573	234
	Prenatal visits in Weeks 1-16	4,422			
	Prenatal visits in Weeks 15-30	14,064	3,239		
	Prenatal visits in Weeks 29-38	18,398	6,927	1,167	
	Prenatal visits in Week 37 and later	22,697	8,716	2,559	652
	Average number of visits in Weeks 1-16	1.0			
	Average number of visits in Weeks 15-30	3.1	1.8		
	Average number of visits in Weeks 29-38	4.0	3.8	2.0	
	Average number of visits in Weeks 37 and later	5.0	4.8	4.5	2.8
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,928	1,540	478	187
	Prenatal visits in Weeks 1-17	4,578			
	Prenatal visits in Weeks 15-31	12,245	3,632		
	Prenatal visits in Weeks 29-39	11,076	5,245	980	
	Prenatal visits in Week 37 and later	9,578	4,667	1,365	282
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	4.2	2.4		
	Average number of visits in Weeks 29-39	3.8	3.4	2.1	
	Average number of visits in Weeks 37 and later	3.3	3.0	2.9	1.5

*Source: OMPP Quality and Reporting

Table 12 assesses timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

MCE Prenatal & Postpartum Care	Data Description	Basic	Plus	State
MCE 1	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	53.1%	71.4%	77.3%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	42.5%	70.0%	61.1%
MCE 2	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	47.9%	74.3%	70.1%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	43.8%	55.2%	58.7%
MCE 3	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	65.6%	76.2%	72.5%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	54.1%	68.8%	56.3%
MCE 4	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	78.6%	84.6%	88.4%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	64.3%	69.2%	70.0%

*Source: OMPP Quality and Reporting