STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Eric J. Holcomb
Governor

October 19, 2020

The Honorable Alex Azar
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Re: Maternal Opioid Misuse Indiana Initiative (MOMII) § 1115 Demonstration Application

Dear Secretary Azar,

On behalf of the people of Indiana, I am pleased to submit Indiana's attached § 1115 demonstration application.

This request seeks authority from the Centers for Medicare and Medicaid Services (CMS) for Indiana to extend Medicaid coverage from 60 days to 365 days postpartum for mothers meeting the following criteria:

- Have an opioid use disorder (OUD),
- Initially qualified with income at or below 213% of the federal poverty level,
- Maintain continuous eligibility for the mother and baby during the entire postpartum period, and
- Who participate in Indiana's Maternal Opioid Misuse (MOMII) cooperative agreement awarded to Indiana by the CMS Center for Medicare and Medicaid Innovation (CMMI) in December 2019.

The goal of this important proposal is to reduce infant and maternal morbidity and mortality throughout the State of Indiana by providing additional health care access and care coordination support to new mothers with OUD during the entire medically vulnerable postpartum period in conjunction with Indiana's goals under the MOMII program.

Thank you for your consideration of this proposal. I look forward to working with you and your team to achieve approval for the State of Indiana to implement this policy.

Sincerely,

[redacted]

Eric J. Holcomb
Governor of Indiana

Application for Maternal Opioid Misuse Indiana Initiative (MOMII) Section 1115 Waiver

10/30/2020

Contents

Section 1: Program Description

1.1 Summary of the Request

In December of 2019, the State of Indiana (State) was awarded the opportunity to enter into a Maternal Opioid Misuse (MOM) cooperative agreement with the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI). As part of the State's MOM application and agreement with CMMI, frequently referred to as the Maternal Opioid Misuse Indiana Initiative (MOMII), the State proposed extending postpartum Medicaid coverage for women with opioid use disorder (OUD) who initially qualified with income at or below 213% of the federal poverty level (FPL). Indiana currently provides Medicaid coverage for the first 60 days postpartum, as allowed under the Medicaid State Plan. This §1115 demonstration application requests authority from CMS for the State to extend postpartum coverage from 60 days to 365 days for mothers with OUD who initially qualified with income at or below 213% FPL, and maintain continuous eligibility for the mother and baby during the entire postpartum period. These provisions will apply to mothers with OUD who are found eligible and are enrolled as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (beginning in the application month or one of the three months prior to the application month). The goal of this proposal is to reduce maternal morbidity and mortality in by providing additional health care access and case management support to new mothers with OUD during the entire medically vulnerable postpartum period in conjunction with Indiana's goals under the MOMII.

1.2 Rationale for Demonstration

As indicated in Section 1.1, this demonstration application is being submitted in conjunction with Indiana's goals under the MOMII cooperative agreement with CMMI. This proposal is in alignment with furthering the objectives of the Medicaid program as it will reduce maternal morbidity and mortality by providing additional health care access and case management support to new mothers with OUD during the entire medically vulnerable postpartum period. In 2018, 5,500 women in Indiana lost Medicaid coverage at 60 days postpartum. Among these women, approximately 5% (or 246) had a substance use disorder (SUD), leaving them highly vulnerable to relapse. The demonstration's extended postpartum coverage generally will be within Medicaid managed care and extending coverage from 60 days to 365 days postpartum will prevent enrollees from having to switch providers during a medically vulnerable time due to different health plan networks. It also provides continued case management and support through a Medicaid managed care entity (MCE) for both the mother and baby during the pregnancy, labor and delivery, and the entire postpartum period, which is defined as 12 months after delivery by the Centers for Disease Control and Prevention (CDC)[1].

Additionally, alignment of continuous eligibility for the mom and baby so that both are eligible through the 365- day postpartum period promotes both continuity of coverage and administrative simplification. Again, continuous eligibility for the postpartum period will prevent mothers from having to switch providers during a medically vulnerable time due to different provider networks, prevent disruption in courses of treatment, increase access to needed care when health issues arise during the postpartum period,

[1] Centers for Disease Control and Prevention. (2019, May). *Pregnancy-related deaths: Saving women's lives before, during and after delivery.* CDC Vital Signs. Retrieved from https://www.cdc.gov/vitalsigns/maternal-deaths/pdf/vs-0507-maternal-deaths-H.pdf. Last accessed June 16, 2020.

and prevent churning between different types of health insurance that can lead to gaps in coverage. Additionally, allowing women with OUD to enroll in Medicaid and receive benefits throughout the 365-day postpartum period ensures their health care needs are met throughout the postpartum period regardless of the source of coverage, if any, at delivery.

This proposal has the ability to advance innovative delivery system and payment models. In addition to providing continuity of care for mothers with OUD during the full postpartum period by keeping them with their MCEs, providing continuous eligibility during the full postpartum period ensures that mothers have access to necessary medical treatment, follow-up appointments, medications, and case management. It also allows the State to hold MCEs accountable for health outcomes while driving performance improvement.

1.3 Demonstration Objectives, Hypotheses, and Evaluation Measures

1.3.1 Objectives

The objectives of this demonstration are to:

1) Provide additional access to health care and provide enhanced case management for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.
2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.
3) Increase access to long-acting reversible contraception (LARC), resulting in longer interpregnancy intervals for MOMII §1115 enrollees.
4) Increase substance-use disorder (SUD) treatment engagement in postpartum period

1.3.2 Hypotheses

The hypotheses for the demonstration objectives identified in Section 1.3.1 are:

1) MOMII §1115 enrollees will have additional access to health care and enhanced case management.
2) MOMII §1115 enrollees will have reduced morbidity and mortality during the 365-day postpartum period.
3) The MOMII §1115 demonstration will reduce postpartum overdose-related hospitalizations.
4) The MOMII §1115 demonstration will increase access to LARC and result in longer interpregnancy intervals for MOMII §1115 enrollees.
5) The MOMII §1115 demonstration will increase ongoing substance-use disorder treatment in the post-partum period.

1.3.3 Evaluation Measures

To test the hypotheses identified in Section 1.3.2, the MOMII §1115 demonstration will utilize the following evaluation measures:

- Track enrollment and enrollment trends over the course of the demonstration.
- Track enrollees' morbidity and mortality results.
- Monitor MCO metrics.
- Track claims data for enrollees, particularly in relation to OUD-related, pregnancy-related, and/or postpartum related claims.
- Monitor churn of enrollees over the course of the demonstration.
- Track total expenditures associated with demonstration enrollees.

*A draft demonstration evaluation design is included with this request as **Attachment F***

1.4 Demonstration Area

This demonstration will apply to eligible individuals across the state.

1.5 Demonstration Timeframe

The demonstration period that the State seeks through this application is July 1, 2021 through December 31, 2024.

1.6 Demonstration Impact to Medicaid and CHIP

This demonstration will not affect or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing, or delivery systems.

Section 2: Demonstration Eligibility and Enrollment

These provisions will apply to mothers with OUD who initially qualified with income at or below 213% FPL and are enrolled for any mandatory or optional eligibility group approved for full Medicaid coverage as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (the application month or one of the three months prior to the application month). Only the eligibility groups outlined in Table 1 below will not be eligible, as they receive limited Medicaid benefits only.

Table 1: Eligibility Groups Excluded

Eligibility Group Name	Social Security Act and CFR Citation(s)
Limited Services Available to Certain Aliens	42 CFR §435.139
Qualified Medicare Beneficiaries (QMB)	1902(a)(10)(E)(i); 1905(p)
Specified Low-Income Medicare Beneficiaries (SLMB)	1902(a)(10)(E)(iii)
Qualified Individual (QI)	1902(a)(10)(E)(iv)
Qualified Disabled Working Individual (QDWI)	1902(a)(10)(E)(ii); 1905(s)
Family Planning	1902(a)(10)(A)(ii)(XXI)

The State estimates an enrollment of 725 enrollees in the first year of the demonstration, with enrollment projected to remain consistent over the course of the demonstration. This demonstration does not propose any enrollment limits or make any changes to the State's policies on post-eligibility treatment of income for long term services and supports or spousal impoverishment rules. This demonstration also is not undertaking eligibility changes based on specific standards or changes applicable in 2014.

Section 3: Benefits and Cost-Sharing

3.1 Benefits

This demonstration does not make any modifications to the Medicaid benefit package. Services to the demonstration enrollees during the enrollment period covered by the demonstration are currently provided via State Plan authority and will continue to be applied in accordance with the State Plan.

3.2 Cost-Sharing

3.2.1 Premiums

This demonstration does not impose premiums on enrollees.

3.2.2 Copayments, Coinsurance, and Deductibles

This demonstration does not propose any changes to copayments, coinsurance, or deductibles.

Section 4: Delivery System

The MOMII §1115 demonstration does not propose any modifications to delivery systems. Enrollees may continue with the delivery system in which they are enrolled under the current program for the duration of their eligibility period covered by this demonstration. Those who are enrolled after the pregnancy has ended will prospectively be assigned to receive benefits under the delivery system under which they would have been receiving benefits had they been identified prior to giving birth or during the current 60-day postpartum period. The majority of the demonstration population will continue with their Medicaid MCE, while a small portion of the population eligible for this demonstration will continue with a fee-for-service (FFS) delivery system.

Section 5: Implementation of Demonstration

Upon receiving federal approval, the State plans to implement this demonstration statewide, without a phase-in plan, on July 1, 2021, in alignment with the timelines set forth under the MOMII cooperative agreement with CMMI. While benefits under this demonstration will be delivered by both a managed care and FFS delivery system, this demonstration does not require new MCE procurement action as managed care coverage under this demonstration will occur within the State's current MCE infrastructure.

Section 6: Demonstration Financing and Budget Neutrality

A detailed financing and budget neutrality narrative is attached as **Attachment D** to this demonstration Application and the detailed budget neutrality worksheet template is attached as **Attachment E**. This information was prepared by Milliman at the request of the State.

Section 7: Requested Waivers and Expenditure Authorities

The State requests the following waivers of the Social Security Act and associated federal regulations and expenditure authorities over the course of the demonstration.

1) Eligibility

Sections 1902(a)(10)(B) and 1902(e)(5) and (6)
42 CFR §435.170
42 CFR §435.4
42 CFR §435.916

To the extent necessary to allow the State to extend Medicaid eligibility to 12 months, or 365 days, postpartum for individuals with OUD who initially qualified with income at or below 213% of the federal poverty level and would otherwise lose eligibility at 60 days postpartum, and implement continuous eligibility for this population throughout the 365-day postpartum period.

Section 8: Public Notice

The Indiana Family and Social Services Administration (FSSA) held a 30-day public comment period for this waiver from August 12, 2020 through September 11, 2020. Due to the COVID-19 public health emergency, hearings were held virtually on August 19, 2020 and on August 21, 2020 per the information contained in the public notices included as Attachments A and B. Notices were published on the FSSA website at https://www.in.gov/fssa/public-notices/ and in the State's administrative record at http://iac.iga.in.gov/iac//20200812-IR-405200409ONA.xml.html. Additionally, this waiver was presented at the Medicaid Advisory Committee (MAC) meeting on July 30th, 2020.

8.1 Summary of Public Comments

The FSSA received no comments or responses on this waiver application. In addition to two virtual hearings, the FSSA posted a news announcement seeking additional comment from interested parties. The announcement can be accessed at https://calendar.in.gov/site/fssa/event/ompp-seeks-public-comment-on-momii-1115-demonstration-waiver/. Despite these opportunities and efforts, no comments were received.

8.2 Tribal Consultation

The Medical Director of the Pokagon Band of Potawatomi was notified in writing on May 6, 2020 of the development of the waiver application and asked to submit comments or questions directly to FSSA by July 6, 2020. A copy of the correspondence is included as Attachment C. FSSA provided an opportunity for an in-person meeting to discuss the waiver and Tribal impact. FSSA received no response or comments in response to the notice of Tribal comment period.

8.3 State Response

The FSSA held two virtual public hearings on August 19, 2020 and on August 21, 2020. Copies of the full and abbreviated public notices are included as Attachments A and B. FSSA received no comments in response to the public notice or public hearings. Additionally, the FSSA posted a news announcement at https://calendar.in.gov/site/fssa/event/ompp-seeks-public-comment-on-momii-1115-demonstration-waiver/ seeking additional comment. No comments were received in response to the news announcement. Because the FSSA did not receive any comments or responses from the public or from the Pokagon Band of the Potawatomi, no responses are required, and no changes have been made. With the exception of summarizing the public comment period in this section (Section 8) of the waiver application, and revising the term "care coordination" to reflect the more accurate term of "case management," this final submission is the same as the version that was posted for public comment on August 12, 2020.

Section 9: Demonstration Administration

The State's point of contact for the MOMII §1115 demonstration is:

Name and Title: Dan Rusyniak, MD
Organization: Indiana Family and Social Services Administration
Telephone Number: 317-233-7447
Email Address: Daniel.Rusyniak@fssa.IN.gov

Attachment A: Public Notice

OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES ADMINISTRATION

Notice of Public Comment Period for Maternal Opioid Misuse Indiana Initiative (MOMII) §1115 Demonstration

Pursuant to 42 CFR § 431.408, notice is hereby given that the Indiana Family and Social Services Administration (FSSA) will provide the public the opportunity to review and provide input on a proposed new Section 1115 demonstration waiver. This notice provides details about the waiver submission and serves to open the 30-day public comment period, which closes on September 11th, 2020.

In addition to the 30-day public comment period in which the public will be able to provide written comments to the FSSA via US postal service or email, the FSSA will host two virtual hearings in which the public may provide oral comments. Due to COVID-19 social distancing recommendations, these meetings will be virtual only. Visit https://www.in.gov/fssa/5537.htm for the most up to date information regarding the public hearings. Hearings will be held as follows:

1. VIRTUAL HEARING
   Tuesday, 08/19/2020, 1pm-2:30pm
   The meeting will be accessible via WebEx and Adobe Connect. To provide oral comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

   WebEx
   Online:
   https://indiana.webex.com/webappng/sites/indiana/meeting/download/b374fc840f4847e092d7d486a74fdc0fsiteurl=indiana&MTID=m4c9c0a8c466182bff7ace1c94f3b486a
   Password: X2h4qMRUnm3
   Call-in: Dial: 1-240-454-0887; Meeting ID (access code): 160 902 4572

   To provide written comments, please join with Adobe Connect:
   Adobe Connect: https://Indiana.AdobeConnect.com/hearing. Participants will sign in as a guest using their name.

2. VIRTUAL HEARING
   Friday, 08/21/2020, 10am-11:30am
   The meeting will be accessible via WebEx and Adobe Connect. To provide oral

comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

WebEx
Online:
https://indiana.webex.com/webappng/sites/indiana/meeting/download/dc58868ad2e34aeeb29883caa81a4712siteurl=indiana&MTID=m0c611306ecb946a28d40af28f101e646

Password: yPnJX3cWC73
Call-in: Call-in: Dial: 1-240-454-0887; Meeting ID (access code): 160 938 5305

Adobe Connect: https://Indiana.AdobeConnect.com/hearing. Participants will sign in as a guest using their name.

Prior to finalizing the proposed demonstration, the FSSA will consider all written and verbal public comments received. The comments will be summarized and addressed in the final draft of the demonstration to be submitted to the Centers for Medicare and Medicaid Services (CMS).

PROPOSAL SUMMARY

In December of 2019, the State of Indiana (State) was awarded the opportunity to enter into a Maternal Opioid Misuse (MOM) cooperative agreement with the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI). As part of the State's MOM application and agreement with CMMI, frequently referred to as the Maternal Opioid Misuse Indiana Initiative (MOMII), the State proposed extending postpartum Medicaid coverage for women with opioid use disorder (OUD) who initially qualified with income at or below 213% of the federal poverty level (FPL). Indiana currently provides Medicaid coverage for the first 60 days postpartum, as allowed under the Medicaid State Plan. This §1115 demonstration application requests authority from CMS for the State to extend postpartum coverage from 60 days to 365 days for mothers with OUD who initially qualified with income at or below 213% FPL, and maintain continuous eligibility for the mother and baby during the entire postpartum period. These provisions will apply to mothers with OUD who are found eligible and are enrolled as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (beginning in the application month or one of the three months prior to the application month). The goal of this proposal is to reduce maternal morbidity and mortality in by providing additional health care access and case management support to new mothers with OUD during the entire medically vulnerable postpartum period in conjunction with Indiana's goals under the MOMII.

GOALS

The goals of this demonstration are to:

1) Provide additional access to health care and provide enhanced case management for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.

2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.

3) Increase access to long-acting reversible contraception (LARC), resulting in longer interpregnancy intervals for MOMII §1115 enrollees.

4) Increase substance-use (SUD) treatment engagement in the postpartum period.

ELIGIBILITY

These provisions will apply to mothers with OUD who initially qualified with income at or below 213% FPL and enrolled for any mandatory or optional eligibility group approved for full Medicaid coverage as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (the application month or one of the three months prior to the application month). Only the eligibility groups outlined in Table 1 below will *not* be eligible, as they receive limited Medicaid benefits only.

Table 1: Eligibility Groups Excluded

Eligibility Group Name	Social Security Act and CFR Citation(s)
Limited Services Available to Certain Aliens	42 CFR §435.139
Qualified Medicare Beneficiaries (QMB)	1902(a)(10)(E)(i); 1905(p)
Specified Low-Income Medicare Beneficiaries (SLMB)	1902(a)(10)(E)(iii)
Qualified Individual (QI)	1902(a)(10)(E)(iv)
Qualified Disabled Working Individual (QDWI)	1902(a)(10)(E)(ii); 1905(s)
Family Planning	1902(a)(10)(A)(ii)(XXI)

ENROLLMENT & FISCAL PROJECTIONS

The demonstration is projected to enroll 725 enrollees in the first year of the demonstration, with enrollment projected to remain consistent over the course of the demonstration. It is expected to be budget neutral as outlined in the table below.

Table 2: Without Waiver Total Expenditures

Without Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1: Managed Care	$781,518	$1,609,927	$1,658,225	$1,707,971	$1,759,210	$7,516,851
Hypo 2: Fee-For-Service	$139,833	$288,055	$296,697	$305,598	$314,766	$1,344,948
TOTAL	$921,350	$1,897,982	$1,954,921	$2,013,569	$2,073,976	$8,861,799

Table 3: With Waiver Total Expenditures

With Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1: Managed Care	$781,518	$1,609,927	$1,658,225	$1,707,971	$1,759,210	$7,516,851
Hypo 2: Fee-For-Service	$139,833	$288,055	$296,697	$305,598	$314,766	$1,344,948
TOTAL	$921,350	$1,897,982	$1,954,921	$2,013,569	$2,073,976	$8,861,799

Table 4: With and Without Waiver Expenditures Variance

	DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
VARIANCE	$0	$0	$0	$0	$0	$0

BENEFITS, COST SHARING, AND DELIVERY SYSTEM

This demonstration does not make any modifications to the Medicaid benefit package. Services to the demonstration enrollees during the enrollment period covered by the demonstration are currently provided via State Plan authority and will continue to be applied in accordance with the State Plan. The demonstration does not propose any modifications to delivery systems. Enrollees may continue with the delivery system in which they are enrolled under the current program for the duration of their eligibility period covered by this demonstration. Those who are enrolled after the pregnancy has ended will prospectively be assigned to receive benefits under the delivery system under which they would have been receiving benefits had they been identified prior to giving birth or during the current 60-day postpartum period. The majority of the demonstration

population will continue with their Medicaid MCE, while a small portion of the population eligible for this demonstration will continue with a fee-for-service (FFS) delivery system. This demonstration does not impose cost sharing on demonstration enrollees.

HYPOTHESES & EVALUATION

The FSSA proposes evaluate this demonstration in alignment with all CMS requirements. Below are proposed evaluation hypotheses and objectives:

The objectives of this demonstration are to:

1) Provide additional access to health care and provide enhanced case management on for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.
2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.
3) Increase access to long-acting reversible contraception (LARC), resulting in longer interpregnancy intervals for MOMII §1115 enrollees.
4) Increase SUD treatment engagement in the postpartum period.

The hypotheses for the demonstration objectives are:

1) MOMII §1115 enrollees will have additional access to health care and enhanced case management.
2) MOMII §1115 enrollees will have reduced morbidity and mortality during the 365-day postpartum period.
3) The MOMII §1115 demonstration will reduce postpartum overdose-related hospitalizations.
4) The MOMII §1115 demonstration will increase access to LARC and result in longer interpregnancy intervals for MOMII §1115 enrollees.
5) The MOMII §1115 demonstration will increase ongoing SUD treatment in the post-partum period.

WAIVER & EXPENDITURE AUTHORITY

The FSSA is requesting the following waivers of the Social Security Act and associated federal regulations and expenditure authorities over the course of the demonstration.

1) Eligibility — Sections 1902(a)(10)(B) and 1902(e)(5) and (6); 42 CFR §435.170; 42 CFR §435.4; 42 CFR §435.916

To the extent necessary to allow the State to extend Medicaid eligibility to 12 months, or 365 days, postpartum for individuals with OUD who initially qualified with income at or below 213% of the

federal poverty level and would otherwise lose eligibility at 60 days postpartum and implement continuous eligibility for this population throughout the 365-day postpartum period.

REVIEW OF DOCUMENTS & SUBMISSION OF COMMENTS

All information regarding the submission, including the public notice, the waiver, and other documentation regarding the proposal are available for public review at the FSSA, Office of Medicaid Policy and Planning, 402 W. Washington Street, Room W374, Indianapolis, Indiana 46204. These documents are also available to be viewed online at https://www.in.gov/fssa/5537.htm.

Written comments regarding the waiver amendment will be accepted through 5:00 pm on September 11, 2020, and may be sent to the FSSA via mail at 402 West Washington Street, Room W374, Indianapolis, Indiana 46204, Attention: Sara Albertson or via email at Sara.Albertson@fssa.IN.gov.

Jennifer Sullivan, M.D., MPH
Secretary
Family and Social Services Administration

Attachment B: Abbreviated Public Notice

OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES ADMINISTRATION
NOTICE OF PUBLIC HEARING

In accordance with 42 CFR § 431.408, the Indiana Family and Social Services Administration (FSSA) will be holding public hearings on a Section 1115 demonstration waiver that will be submitted to the Centers for Medicare and Medicaid Services (CMS). This submission seeks to further the goals of the Maternal Opioid Misuse Indiana initiative (MOMII) by seeking federal authority to extend postpartum coverage from 60 days to 365 days postpartum for mothers with OUD who initially qualified with income at or below 213% FPL, and maintain continuous eligibility for the mother and baby during the entire postpartum period. These provisions will apply to mothers with OUD who are found eligible and are enrolled as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (beginning in the application month or one of the three months prior to the application month). This request is part of Indiana's broader efforts to lower infant mortality and address the drug epidemic. The proposed effective date of the demonstration is July 1, 2021, pending CMS approval.

Hearings will be held as follows:

1. VIRTUAL HEARING
   Tuesday, 08/19/2020, 1pm-2:30pm
   The meeting will be accessible via WebEx and Adobe Connect. To provide oral comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

   WebEx
   Online:
   https://indiana.webex.com/webappng/sites/indiana/meeting/download/b374fc840f4847e092d7d486a74fdc0fsiteurl=indiana&MTID=m4c9c0a8c466182bff7ace1c94f3b486a
   Password: X2h4qMRUnm3
   Call-in: Dial: 1-240-454-0887; Meeting ID (access code): 160 902 4572

   To provide written comments, please join with Adobe Connect:
   Adobe Connect: https://Indiana.AdobeConnect.com/hearing. Participants will sign in as a guest using their name.

2. VIRTUAL HEARING
   Friday, 08/21/2020, 10am-11:30am
   The meeting will be accessible via WebEx and Adobe Connect. To provide oral comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

   WebEx
   Online:
   https://indiana.webex.com/webappng/sites/indiana/meeting/download/dc58868ad2e34aeeb29883caa81a4712siteurl=indiana&MTID=m0c611306ecb946a28d40af28f101e646

   Password: yPnJX3cWC73
   Call-in: Call-in: Dial: 1-240-454-0887; Meeting ID (access code): 160 938 5305

   Adobe Connect: https://Indiana.AdobeConnect.com/hearing. Participants will sign in as a guest using their name.

All information regarding the submission, including the public notice, the waiver, and other documentation regarding the proposal are available for public review at the FSSA, Office of Medicaid Policy and Planning, 402 W. Washington Street, Room W374, Indianapolis, Indiana 46204. These documents are also available to be viewed online at https://www.in.gov/fssa/5537.htm.

Written comments regarding the waiver amendment will be accepted through 5:00 pm on September 11, 2020, and may be sent to the FSSA via mail at 402 West Washington Street, Room W374, Indianapolis, Indiana 46204, Attention: Sara Albertson or via email at Sara.Albertson@fssa.IN.gov.

Jennifer Sullivan, M.D., MPH
Secretary
Family and Social Services Administration

Attachment C: Tribal Notice

Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
MS 07, 402 W. WASHINGTON STREET, ROOM W382
INDIANAPOLIS, IN 46204-2739

May 6, 2020

Matt Clay
Medical Director
Pokagon Band of Potawatomi Indians
57392 M-51 South
Dowagiac, MI 49047

RE: Tribal Comment for Maternal Opioid Misuse Indiana Initiative (MOMII) §1115 Application

Dear Mr. Clay:

In July 2020, the Indiana Family and Social Service Administration (FSSA) intends to submit an § 1115 application to the Centers for Medicare and Medicaid Services (CMS) for consideration. This application will request authority, in conjunction with the Maternal Opioid Misuse (MOM) Grant awarded to the State of Indiana in December 2019, to extend Medicaid coverage for pregnant women with opioid use disorder, who would otherwise lose coverage at 60 days postpartum, to 12 months postpartum.

The 60-day notice and comment period will run from May 6, 2020 to July 6, 2020. The 30-day comment period will run from May 6, 2020 to June 5, 2020. The State will accept comments through June 5, 2020. Comments may be emailed to Sara.Albertson@fssa.IN.gov or mailed to the address below:

Family and Social Services Administration
Office of Medicaid Policy and Planning
Attention: Sara Albertson, Federal Relations Lead
402 W. Washington St., W374
Indianapolis, IN 46207-7083

Please see the enclosed documentation, which provides additional details on the proposed renewal. If you would like additional information or have any questions about the renewal, please contact Sara Albertson at Sara.Albertson@fssa.in.gov.

Sincerely,

[redacted]

Allison Taylor
Medicaid Director

Enclosure
cc: John Warren, Chairman, Pokagon Band of Potawatomi Indians

OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES
Tribal Notice Regarding the MOMII § 1115 Application

In accordance with 42 CFR § 431.408(b), notice is hereby given to the Pokagon Band of the Potawatomi that the Indiana Family and Social Services Administration (FSSA) will be submitting a new to § 1115 demonstration waiver application to the Centers for Medicare and Medicaid Services (CMS).

This notice also serves to open the **30-day tribal comment period, which closes June 5, 2020 at 5:00 pm.**

REQUEST SUMMARY, GOALS, AND OBJECTIVES

Currently, as with many other states, Medicaid coverage in Indiana for women that earn above 138% of the federal poverty level ends at 60 days postpartum. The Maternal Opioid Misuse Indiana Initiative (MOMII) §1115 demonstration waiver renewal will allow the FSSA - OMPP to continue Medicaid coverage for these individuals to 12 months postpartum. This request is being submitted in alignment with the Maternal Opioid Misuse (MOM) Grant awarded to Indiana in December 2019. The demonstration would take effect July 1, 2021, subject to CMS approval, with the goal of the demonstration being to:

- allow vulnerable individuals with OUD to remain connected to valuable health resources throughout the first year of their child's life;
- assist in addressing the opioid epidemic in Indiana; and
- improve Indiana's infant mortality rate.

FSSA - OMPP is seeking a five-year §1115 demonstration waiver.

TRIBAL IMPACT

Currently, in Indiana, Medicaid coverage for women that earn above 138% of the federal poverty level in Indiana ends at 60 days postpartum. This demonstration proposes to extend this coverage to 12 months postpartum for individuals with opioid use disorder, including any members of the Pokagon Band of the Potawatomi in this group. Enrollees will continue to receive services through their current delivery system. Additionally, this proposal does not propose any changes to any cost sharing requirements for any enrollees.

REVIEW OF DOCUMENTS AND SUBMISSION OF COMMENTS

The 60-day notice and comment period will run from May 6, 2020 to July 6, 2020. The 30-day comment period will run from May 6, 2020 to June 5, 2020. Comments may be emailed to Sara.Albertson@fssa.IN.gov or mailed to the following address: Family and Social Services Administration, Office of Medicaid Policy and Planning, ATTN: Sara Albertson, Federal Relations Lead, 402 W. Washington St., Room W374, Indianapolis, IN 46204. Additionally, we

would be happy to schedule a phone or in-person consultation to discuss the program in further detail.

Attachment D: Financing and Budget Neutrality Summary
MILLIMAN REPORT

1115 Waiver – Maternal Opioid Misuse Indiana Initiative

Budget Neutrality

Expenditure authority to extend postpartum coverage for women with OUD

July 23, 2020

Elsily Aguayo, ASA, MAAA
Renata Ringo, FSA, MAAA
Christine Mytelka, FSA, MAAA

Milliman


Milliman

MILLIMAN RESEARCH REPORT

Executive Summary

Milliman has been retained by the State of Indiana (the State), Family and Social Services Administration (FSSA) to develop budget neutrality projections for the Maternal Opioid Misuse Indiana Initiative (MOMII) Section 1115 Research and Development Waiver application. Through this application, the State of Indiana is requesting expenditure authority for the extension of postpartum health care coverage for women with opioid use disorder (OUD) with income at or below 213% of the federal poverty level (FPL). The current state plan authority provides coverage for the first 60 days postpartum. This 1115 waiver application is requesting the extension of postpartum coverage from 60 days to one full year for mothers with OUD, effective July 1, 2021. The services that would be offered to the affected population are currently covered under state plan authority.

This Section 1115 waiver application contains two different Medicaid eligibility groups (MEGs): 1) managed care recipients; 2) fee-for-service recipients. The State is proposing to consider the expenditures covered by this 1115 waiver application as "hypothetical" for budget neutrality purposes.

The State would like to maintain pregnant women in their current enrollment category for the remainder of the twelve-month postpartum period.

The MOMII grant will provide additional access to health care and enhanced case management to reduce morbidity and mortality for OUD mothers following the arrival of their newborn child, when they are most medically vulnerable. Specifically, we expect the enhanced case management will result in:

- Fewer Medicaid postpartum overdose-related hospitalizations.
- Increased access to long-acting reversible contraception resulting in more time between pregnancies ("birth spacing").
- Potentially reduce state child services (DCS) costs by enrolling more mothers in medication-assisted treatment (MAT) and retaining custody of their child.

Figure 1 below illustrates the projected enrollment and expenditures by waiver year. The demonstration year for this waiver is assumed to be on a calendar year basis.

FIGURE 1: PROJECTED ENROLLMENT AND EXPENDITURES BY MEG

MEG	Member Months	Total PMPM Cost	Total Expenditures
Managed Care			
2021	985	$ 793.42	$ 781,518
2022	1,970	817.22	1,609,927
2023	1,970	841.74	1,658,225
2024	1,970	866.99	1,707,971
2025	1,970	893.00	1,759,210
Fee-For-Service			
2021	130	$ 1,082.09	$ 140,130
2022	259	1,114.55	288,668
2023	259	1,147.98	297,328

2024	259	1,182.42	306,248
2025	259	1,217.90	315,435

Notes:
Effective July 1, 2021
Using trended CY 2020 capitation rates for managed care programs.
FFS claims experience has been adjusted to reflect current reimbursement level and trend.

The remainder of this document provides additional detail on the data, assumptions, and methodology.

Data, assumptions, and methodology

DATA

Projected member months and expenditures were estimated based on enrollment and claims data reported through the state of Indiana's Enterprise Data Warehouse (EDW), and originally provided by the fiscal agent. Enrollment and claim expenditures data reflect services incurred from calendar years 2015 through 2019 and reported as of May 29, 2020.

IDENTIFYING POSTPARTUM WOMEN WITH OUD

Postpartum women were identified by claims data containing a physician delivery procedure code or one of the following diagnosis codes:

- O80.00 through O82.99 or
- Z37.00 through Z37.99

The subset of postpartum women with an OUD had one of the following diagnosis codes on a claim incurred within the nine months prior to delivery:

- F11.00 through F11.99 or
- Z79.891

ESTIMATING ADDITIONAL ELIGIBILITY TO BE COVERED UNDER THE WAIVER

Currently, Medicaid coverage for pregnant women extends to 60 days postpartum, at which time Medicaid eligibility is reevaluated. As the income threshold for pregnant women is higher than for non-pregnant women (generally 213% FPL compared with 138% FPL), some women lost Medicaid coverage at 60 days postpartum. To estimate the additional eligibility to be covered under the 1115 waiver, projected members months represent the difference between the 12 months of postpartum coverage proposed in this 1115 waiver application, and the actual months of coverage observed for mothers with an OUD diagnosis. Recipients who died, moved out-of-state, or voluntarily withdrew within twelve months postpartum were excluded from the experience data analysis.

Recipients have been stratified based on their eligibility category on the last month of enrollment before termination of coverage. For example, those enrolled in the Healthy Indiana Plan are projected to remain enrolled in the Healthy Indiana Plan, and those enrolled in Hoosier Care Connect (for disabled members) are expected to remain in that program. Those who were enrolled in fee-for-service when they lost eligibility, most of whom are dual eligible or not eligible for full state plan Medicaid benefits, are projected to remain in fee-for-service.

ESTIMATING PMPM COST

To estimate the per member per month (PMPM) cost for the additional eligibility, historical costs were summarized for postpartum women with OUD who remained Medicaid eligible during the 12 months after the birth, generally using costs from three to twelve months postpartum. Costs were stratified by eligibility category.

MANAGED CARE PROJECTIONS

Expenditures for managed care enrollees consist of three components: capitation payments, services administered under the FFS delivery system, and enhanced case management.

Capitation payments

Capitation payments were calculated for each member based on their managed care program. Projections for members in the Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) programs utilize the pregnant women capitation rates for each program, respectively. Projections for members in the Hoosier Care Connect (HCC) program are expected to receive the non-dual adult capitation rate as the program does not have a separate capitation rate for pregnant women.

Services administered under FFS

While capitation payments represent the majority of expenditures for the managed care population, there are some services carved out of managed care that are administered via the fee for service delivery system that also must be included. Examples of these carve-outs include Medicaid Rehabilitation Option (MRO) services and certain high-cost drugs, such as Hepatitis C therapies.

Enhanced case management

Capitation payments already include a base level of case management funding of approximately $40 PMPM. Based on experience from the MOMentum pilot program, an additional $80 (for a total of $120 PMPM) has been added to provide sufficient funds for outreach and support.

The three components above were summed to develop the comprehensive total cost for this MEG.

FEE-FOR-SERVICE PROJECTIONS

Fee-for-service PMPM costs reflect the average fee for service PMPM costs for women with OUD during postpartum months three through twelve. These PMPMs are based on CY 2019 incurred claim expenditures data paid and reported to the EDW as of May 29, 2020. Claims expenditures have been adjusted to reflect current reimbursement levels. FFS claims experience was not adjusted for completion as it is not expected to have a material impact on the results.

In addition to the benefits provided via fee-for-service, some fee-for-service enrollees receive non-emergency medical transportation (NEMT) services through a capitated arrangement. There are four different rate cells for NEMT recipients. To develop a composite capitated PMPM for fee-for-service enrollees, the capitation rates for the four rate cells have been blended together based on the proportion of projected enrollment in each rate cell.

To provide for enhanced case management, $120 PMPM was added to historical claims expenditures.

OTHER ASSUMPTIONS

Other assumptions used to develop projected member months and expenditures associated with eligibility extension for postpartum women with OUD are described below:

- A 0.0% enrollment trend was applied to CY 2019 experience to project member months in the managed care and fee for service MEGs
- Member months for CY 2021 were multiplied by 50%, reflecting the midyear July 1, 2021 effective date
- A PMPM cost trend of 3.0% was used to project expenditures

Figure 2 below illustrates the development of the total PMPM costs, for mothers with OUD, for coverage of postpartum months three through twelve by MEG.

FIGURE 2: CY 2021 PMPM CALCULATION

	Managed Care	Fee-For-Service
CY 2019 FFS PMPM[1]	$ 144.72	$ 904.69
CY 2020 Capitated PMPM Cost	543.58	2.23
PMPM Trend	3.0%	3.0%
Trended CY 2021 PMPM Cost	$ 713.42	$962.09
Enhanced Case Management	80.00	120.00
CY 2021 Total PMPM Cost	**$ 793.42**	**$ 1,082.09**

Notes:
[1] The CY 2019 FFS PMPM has been adjusted to reflect current reimbursement levels The demonstration year for this waiver will be on calendar year basis.
Two years of trend was applied to the CY 2019 FFS cost and one year of trend was applied to the capitated costs.

Limitations

The information contained in this report has been prepared for the state of Indiana, Family and Social Services Administration (FSSA) to assist with the development of budget neutrality documentation needed to secure Section 1115 expenditure authority for extension of eligibility for postpartum women with OUD. The documentation in this report supports the 1115 waiver submission to the Centers for Medicaid and Medicare Services (CMS). The data and information presented may not be appropriate for any other purpose.

It is our understanding that the information contained in this report may be utilized in a public document. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for FSSA by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Milliman has relied upon certain data and information provided by the state of Indiana, Family and Social Services Administration and their vendors. The values presented in this letter are dependent upon this reliance. To the extent that the data was not complete or was inaccurate, the values presented in our report will need to be reviewed for consistency and revised to meet any revised data.

Differences between projections documented in this report and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not emerge exactly as projected.

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and FSSA approved December 5, 2018.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Milliman

Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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Attachment E: Budget Neutrality Worksheet

Hypotheticals Analysis

Without Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1: Managed Care	$781,518	$1,609,927	$1,658,225	$1,707,971	$1,759,210	$7,516,851
Hypo 2: Fee-For-Service	$139,833	$288,055	$296,697	$305,598	$314,766	$1,344,948
TOTAL	$921,350	$1,897,982	$1,954,921	$2,013,569	$2,073,976	$8,861,799

With Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1: Managed Care	$781,518	$1,609,927	$1,658,225	$1,707,971	$1,759,210	$7,516,851
Hypo 2: Fee-For-Service	$139,833	$288,055	$296,697	$305,598	$314,766	$1,344,948
TOTAL	$921,350	$1,897,982	$1,954,921	$2,013,569	$2,073,976	$8,861,799

VARIANCE	DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
	$0	$0	$0	$0	$0	$0

Attachment F: Draft Evaluation Design

Evaluation Design:
Maternal Opioid Misuse Indiana Initiative (MOMII) §1115 Demonstration

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning

www.IN.gov/fssa
Equal Opportunity/Affirmative Action Employer

DRAFT EVALUATION DESIGN:
Maternal Opioid Misuse Indiana Initiative (MOMII) §1115 Demonstration

Introduction and Background

In December of 2019, the State of Indiana (State) was awarded the opportunity to enter into a Maternal Opioid Misuse (MOM) cooperative agreement with the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI). As part of the State's MOM application and agreement with CMMI, frequently referred to as the Maternal Opioid Misuse Indiana Initiative (MOMII), the State proposed extending postpartum Medicaid coverage for women with opioid use disorder (OUD) with income at or below 213% of the federal poverty level (FPL). Indiana currently provides Medicaid coverage for the first 60 days postpartum, as allowed under the Medicaid State Plan. The §1115 demonstration application submitted concurrently with this draft evaluation design requests authority from CMS for the State to extend postpartum coverage from 60 days to one year for mothers with OUD with income at or below 213% FPL, in conjunction with Indiana's goals under the MOMII.

The goals and objectives of the MOMII §1115 demonstration are to:

1) Provide additional access to health care and provide enhanced case management for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.
2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.
3) Increase access to long-acting reversible contraception (LARC), resulting in longer time between a MOMII §1115 enrollee's pregnancies.
4) Increase ongoing SUD treatment in the postpartum period for enrollees.

The State of Indiana respectfully submits this Draft Evaluation Design for the MOMII §1115 demonstration.

Overview:

This §1115 demonstration extends postpartum coverage from 60 days to 365 days for mothers with OUD who initially qualified with income at or below 213% FPL and maintain continuous eligibility for the mother and baby during the entire postpartum period. These provisions will apply to mothers with OUD who are found eligible and are enrolled as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (beginning in the application month or one of the three months prior to the application month).

The State anticipates that a draft of the evaluation report will be submitted to CMS by October 29, 2021 which is roughly 120 days from the effective date of the demonstration (July 1, 2021). The State expects to engage in discussions with CMS as well as receive feedback on the draft evaluation design. After receiving CMS feedback on the draft evaluation design, the State will work to submit its final evaluation design to CMS no later than 60 days after receipt of feedback. Depending on the timing of comments and feedback, the State anticipates final evaluation design submission in January or February of2022.

Demonstration Hypotheses:

The MOMII §1115 demonstration will investigate the following hypotheses:

1) MOMII §1115 enrollees will have additional access to health care and enhanced case management.

2) MOMII §1115 enrollees will have reduced morbidity and mortality during the one-year postpartum period.
3) The MOMII §1115 demonstration will reduce postpartum overdose-related hospitalizations.
4) The MOMII §1115 demonstration will increase access to LARC and result in longer time periods between pregnancies.
5) The MOMII §1115 demonstration will increase ongoing SUD treatment in the post-partum period.

To test these hypotheses, the MOMII §1115 demonstration will utilize the following evaluation measures:

- Track enrollment and enrollment trends over the course of the demonstration.
- Track enrollees' morbidity and mortality results.
- Monitor MCO metrics.
- Track claims data for enrollees, particularly in relation to OUD-related, pregnancy-related, and/or postpartum related claims.
- Monitor churn of enrollees over the course of the demonstration.
- Track total expenditures associated with demonstration enrollees.

Plan for Measurement and Analysis:

Several methods and sources for collecting information will be utilized and potentially developed for the demonstration evaluation. Medicaid enrollment data, claims data, data from managed care entities (MCEs), other Medicaid and social services data, as well as any relevant and identifiable data obtained through inter-agency information-sharing agreements will also provide a basis for analysis. The sample for the MOMII §1115 demonstration will be all enrollees whose eligibility for the waiver has been established.

The effects of the demonstration are isolated from other initiatives occurring in the State, as there are no other initiatives in Indiana regarding extension of postpartum Medicaid coverage. Additionally, enrollees in the demonstration are not otherwise eligible to receive Medicaid services from 61 days to 365 days postpartum.

Questions to be addressed in the evaluation include:

1) How many people are enrolled in the MOMII §1115 demonstration?
2) How many enrollees utilized case management services or other Medicaid benefits during the 365-day postpartum period?
3) How many enrollees accessed MAT or other OUD services during the 365-day postpartum period?
4) By what percentage was maternal morbidity and mortality reduced during the demonstration period?
5) What is the churn rate for enrollees?
6) What are the MOMII §1115 enrollee expenditures?

Table 1: Measures and Data Sources

Measures	Data Sources
Number of unique enrollees diagnosed with OUD	• Data Warehouse • Claims • Social Services Warehouse
Number of enrollees on the waiver who receive covered services during the postpartum period	• Data Warehouse • Claims • Social Services Warehouse
Number of enrollees who end coverage and are not reenrolled due to no new pregnancy or postpartum need	• Data Warehouse • Claims • Social Services Warehouse
Number of deaths due to OUD during enrollment	• Data Warehouse • Claims • MOUs/Data-sharing with the Indiana State Department of Health
Number of claims and associated expenditures	• Data Warehouse • Claims