

TABLE OF CONTENTS

State/Territory Name: **Indiana**

State Plan Amendment (SPA) #: **IN-22-0001-A**

- 1) Approval Letter
- 2) Approved Postpartum FMAP SPA pages
- 3) CMS 179 with pen/ink changes



Financial Management Group
Division of Financial Policy

September 23, 2022

Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street
Room W374
Indianapolis, Indiana 46204

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal IN 22-0001-A:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims (“affected expenditures”) reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

Ms. Taylor, Page 2

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,



Charlie Arnold
Director
Division of Financial Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 1A

2. STATE
I N

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
Section 9812 & 9822 of the American Rescue Plan

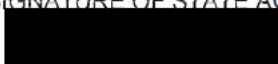
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 2,500,000
b. FFY 2023 \$ 5,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 18 to Attachment 2.6A Attachment D

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
New

9. SUBJECT OF AMENDMENT
This SPA makes conforming changes to the Medicaid State Plan under sections 9812 & 9822 of the ARP, which gives states the option to use a proxy methodology to account for the proportion of the individuals covered under the extended postpartum coverage option.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Allison Taylor

13. TITLE
Medicaid Director

14. DATE SUBMITTED
6/28/2022

15. RETURN TO
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
Attn: Madison May-Gruthusen, Federal Relations Lead

FOR CMS USE ONLY

16. DATE RECEIVED
6/28/2022

17. DATE APPROVED
9/23/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Charlie Arnold

21. TITLE OF APPROVING OFFICIAL
Director of Financial Policy

22. REMARKS
PEN & INK AUTHORIZATIONS:
REMOVE: Block 6a - FFY 2022 \$2,500,000; Block 6b - FFY 2023 \$5,000,000; **ADD:** Block 6a - FFY 2022 \$0 (ZERO); Block 6b - FFY 2023 \$0 (ZERO);
REMOVE: Block 7 - Supplement 18 to Attachment D; **ADD:** Block 7 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6; **ADD:** Block 7 Supplement 18 to Attachment 2.6A, Attachment D (NEW)
REMOVE: Block 8 - NEW **ADD:** Block 8 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6;

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009, that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

Yes. The combined enrollment cap adjustment is described in Attachment C

No.

4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

5. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:

Applies a special circumstances adjustment(s).

Does not apply a special circumstances adjustment.

2. The state:

Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).

Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B - Resource Criteria Proxy Methodology
- Attachment C- Enrollment Cap Methodology
- Attachment D-Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

~~PRA Disclosure Statement~~

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mailstop C4-26-05, Baltimore, Maryland 21244-1850

TN: 22-0001-A
Supersedes
TN: 15-007

Approval Date: 9/23/2022 Effective Date: 04/01/2022

Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Upon approval of the 12-month postpartum extension, Indiana will implement this proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FMAP under section 1905(y) of the Act. To calculate this proxy, historical member months used in the calculation met the following criteria:

- Aid categories MAMA - pregnant women under 138% FPL; and MAGP- pregnant women between 139% and 213% FPL
- All non-disabled adult and adolescent pregnant individuals are enrolled in one of these two categories. Non-citizens lacking satisfactory immigration status were excluded
- Member months between three and 12 months after the date of delivery (Date_Delivery) or end pregnancy date (Date_Exp) on the Recipient_Pregnancy table in the Enterprise Data Warehouse, using historical data in which the end of pregnancy event occurred from August 2018 through February 2019

The state selected the timeframe of August 2018 since it was after the state introduced the MAMA aid category and completed the transition. February 2019 was selected in order to allow for 12 postpartum months prior to the COVID-19 pandemic. From August 2018 through February 2019, 29,130 birth and miscarriage events were identified for individuals meeting the criteria listed above. The 29,130 events generated 242,550 member months corresponding to the months between 3 months and 12 months post-partum. (Please note that this is less than 10 months per event due to multiple events for some members. For example, if a member suffered a miscarriage, and then five months later suffered a second miscarriage, the postpartum period for the first event would be truncated.) Each of the postpartum period member months were individually evaluated to determine whether the member was 1) newly eligible, 2) not newly eligible, or 3) disenrolled from Medicaid during that month. Of the 242,550 member months, there were 58,850 member months during which the member was determined to be "newly eligible". This number was then divided by 242,550 to equal Indiana's Proxy Percentage for claiming. Indiana's Proxy Percentage for claiming is 24.3%. Therefore, approximately 24.3% of postpartum extension member months (months 3 through 12 postpartum) in the data period were classified as newly eligible.

Operationalizing the Methodology Process – this is used to track who we apply the proxy to, members who are in months 3-12 of the postpartum period.

A postpartum extension indicator (ZZ_POST_PARTUM_IND) will be added to the Standard Interface (SI) claim header and claim detail tables to identify expenditures that meet both requirements below:

- Aid categories MAMA and MAGP
- First date of service is 60 days after, and no later than one year after, the date of delivery (Date_Delivery) or end pregnancy date (Date_Exp) on the Recipient_Pregnancy table in the EDW.