



**Overview:** The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). Each state with an approved eligibility and coverage demonstration should complete one Monitoring Report Template (Part B) that encompasses every eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state’s special terms and conditions (STC).<sup>1</sup> This state-specific template reflects the composition of the eligibility and coverage policies in the state’s demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information, the state should contact the section 1115 demonstration monitoring and evaluation mailbox ([1115MonitoringandEvaluation@cms.hhs.gov](mailto:1115MonitoringandEvaluation@cms.hhs.gov)), copying the state’s CMS demonstration team on the message.

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<sup>1</sup> States should complete Parts A and B for any of the following eligibility and coverage policies included in the demonstration: premiums or account payments, health behavior incentives, community engagement, retroactive eligibility waivers, and non-eligibility periods. There is no standalone Monitoring Report Workbook for non-eligibility periods policies. Monitoring metrics that capture non-eligibility periods are captured as part of other standard eligibility and coverage monitoring metrics. For other eligibility and coverage policies that do not have a monitoring report, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

**1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration**

Overall section 1115 demonstration	
State	Indiana
Demonstration name	Healthy Indiana Plan
Approval period for section 1115 demonstration	01/01/2021-12/31/2030
Demonstration year and quarter	DY7Q3
Reporting period	07/01/2021-09/30/2021
Premiums or account payments	
Premiums or account payments start date <sup>a</sup>	<i>This waiver authority is suspended due to COVID-19 and will resume after the end of the Public Health Emergency (PHE)</i>
Implementation date, if different from premiums or account payments start date <sup>b</sup>	Click here to enter text.
Health behavior incentives	
Health behavior incentives start date	01/01/2021
Implementation date, if different from health behavior incentives start date	Click here to enter text.
Community engagement	
Community engagement start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date, if different from community engagement start date	Click here to enter text.
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/01/2021
Implementation date, if different from retroactive eligibility waiver start date	Click here to enter text.
Non-eligibility periods	
Non-eligibility periods start date	<i>This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.</i>
Implementation date for community engagement non-eligibility periods, if different from non-eligibility periods start date	
Implementation date for premiums and account payments non-eligibility periods, if different from non-eligibility periods start date	Click here to enter text.
Implementation date for non-eligibility periods for failure to complete annual eligibility renewal process, if different from non-eligibility periods start date	Click here to enter text.

<b>Implementation date for non-eligibility periods for failure to report change in income or other change in circumstance, if different from non-eligibility periods start date</b>	Click here to enter text.
<b>Implementation date for other non-eligibility periods, if different from non-eligibility periods start date. Policy: [enter here]</b>	Click here to enter text.

<sup>a</sup> **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

## **2. Executive summary**

*The executive summary should be reported in the fillable box below. It is intended for summary level information only. The recommended word count is 500 words or less.*

The Public Health Emergency (PHE) for the COVID-19 pandemic continued throughout the third quarter of this demonstration (Q3 2021). During this time, all cost sharing, including contributions and copays, are suspended. In addition, all members who apply, and are eligible for HIP, will automatically enroll in HIP Plus. Similarly, there are no downgrades to benefits or disenrollments (unless a member is deceased, voluntarily withdraws, or moves out of state) during this time. Due to this policy, HIP enrollment has continued to increase every quarter. Health incentives remain in effect for HIP members, like the POWER Account Rollover feature and the variety of MCE health incentives. On August 1, 2021, members in the Regular Basic aid category (MARB) were shifted to the Regular Plus aid category (MARP) for the remainder of the PHE.

On August 31, 2021, the State held the §1115 demonstration waiver post-award forum during a special meeting of the Medicaid Advisory Committee. Due to the ongoing nature of the COVID-19 PHE, this meeting was held virtually. The state presented on HIP eligibility and enrollment and gave an update of the operational status. More details can be found in Section 3.2.

Regarding monitoring and evaluation, the State received feedback from CMS regarding the Eligibility and Coverage Monitoring Protocol on August 3, 2021. Indiana will submit feedback and edits within 60 days. Indiana also submitted the Evaluation Design for Demonstration Years 2021-2030 on June 23, 2021 and is expecting to receive feedback from CMS in Q4 2021.

**3. Narrative information on implementation, by eligibility and coverage policy**

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Premiums and account payments</b>			
<b>PR.Mod_1. Eligibility and payment amounts</b>			
<b>PR.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to beneficiaries subject to premiums or account payments. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_1; PR_8-10</i>	
1.1.2 Discuss any data trends related to changes in premium amounts after mid-year change in circumstance or renewal.	X	<i>PR_11-14; PR_18-20</i>	
1.1.3 Discuss any data trends related to beneficiaries who are granted exemptions from premiums or account payments. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_2</i>	
1.1.4 Discuss any data trends related to beneficiaries who paid a premium or account payment during that month. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_3; PR_21</i>	
1.1.5 Discuss any data trends related to beneficiaries who were subject to premiums or account payments but declared hardship. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_4</i>	

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.i Beneficiaries exempt from premiums or account payments			Cost sharing for HIP is suspended for the duration of the COVID-19 PHE. Premiums and POWER Account contributions will be waived for the months of March 2020 through the end of the PHE for all members.
1.2.1.ii Beneficiaries subject to premiums or account payments but exempt from compliance actions			For the duration of the COVID-19 PHE, HIP members are not downgraded to lesser coverage or disenrolled unless they voluntarily withdraw, move out-of-state, or are deceased.
1.2.1.iii Process for claiming financial hardship			N/A to HIP
1.2.1.iv Process for determining premium or account contribution amounts beneficiaries will pay	X		
1.2.1.v Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs	X		
1.2.1.vi Other policy changes	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_2. Beneficiary account operations</b>			
<b>PR.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts are administered, including the role of vendors.	X		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts work, including state contributions, use of account funds to pay for services, and rules for account rollovers and balances.	X		
<b>PR.Mod_3. Invoicing and payments</b>			
<b>PR.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_3.2 Implementation update</b>			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to invoicing and payment processes (including invoicing, beneficiary payments, grace periods, and deadlines for reporting a change in circumstance that would affect premium liability, and compliance actions).			For the duration of the COVID-19 PHE, cost sharing for HIP is suspended. Premiums and POWER Account contributions will be waived for the months of March 2020 through the end of the PHE for all HIP members. No invoices are being sent to members during this time.
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to procedures for beneficiaries to pay premiums or account payments, or for third parties to pay premiums or account payments on behalf of beneficiaries.	X		



Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_4. Reduction to premiums for non-income related reasons</b>			
<b>PR.Mod_4.1 Metric trends -- <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to incentives or rewards related to premium or account payments (if applicable).	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_5. Operationalize strategies for noncompliance</b>			
<b>PR.Mod_5.1 Metric trends</b>			
5.1.1 Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_15</i>	
5.1.1.i New disenrollments			
5.1.1.ii New suspensions	X	<i>PR_17</i>	
5.1.2 Discuss any data trends related to beneficiaries in grace periods, non-eligibility periods, and/or other statuses. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_5-6;</i> <i>PR_16</i>	
5.1.3 Discuss any data trends related to the number of beneficiaries who had collectible debt. Describe and explain changes (+ or -) greater than two percent.	X	<i>PR_7</i>	
<b>PR.Mod_5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to:			For the duration of the COVID-19 PHE, HIP members are not downgraded to lesser coverage or disenrolled unless they voluntarily withdraw, move out-of-state, or are deceased
5.2.1.i Implementation of compliance actions			
5.2.1.ii Processes for identifying and tracking beneficiaries at risk of noncompliance	X		
5.2.1.iii Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance	X		
5.2.1.iv Processes for tracking and pursuing collectible debts (if applicable)	X		
5.2.1.v Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions	X		
5.2.1.vi Appeals processes for beneficiaries subject to premium requirements	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_6. Develop comprehensive communications strategy</b>			
<b>PR.Mod_6.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_6.2 Implementation update</b>			
6.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: 6.2.1.i Invoicing schedule, current premium owed, outstanding premium owed, and basis for premium amounts			For the duration COIVD-19 PHE, HIP members are not being sent invoices since POWER Account Contributions are not being collected. No invoices are being sent to members during this time.
6.2.1.ii Payment process	X		
6.2.1.iii Rewards for payment (if any)	X		
6.2.1.iv Processes for reporting changes in income, making hardship claims, and filing appeals	X		
6.2.1.v Consequences of nonpayment	X		
6.2.1.vi Non-eligibility periods	X		
6.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the information provided on beneficiary invoices.	X		
6.2.3 Describe any communication or outreach that was conducted with partners, such as managed care organizations or other contractors, during this reporting period.	X		
6.2.4 Compared to the details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, with low literacy, and in rural areas, and other diverse groups.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_7. Develop and modify systems</b>			
<b>PR.Mod_7.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_7.2 Implementation update</b>			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for:			All HIP members who made payments for the month of March 2020 or any future months will have those payments applied as credits on their account when payments are required again.
7.2.1.i Accepting premiums or account payments			
7.2.1.ii Tracking premiums or account payments	X		
7.2.1.iii Establishing beneficiary accounts (if applicable)	X		
7.2.1.iv Operationalizing compliance actions (if applicable)	X		
7.2.2 Describe any additional systems modifications that the state is planning to implement.	X		
<b>PR.Mod_8. State-specific metrics</b>			
<b>PR.Mod_8.1 Metric trends</b>			
8.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Health behavior incentives</b>			
<b>HB.Mod_1. Health behavior incentives</b>			
<b>HB.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to the enrollment among beneficiaries subject to health behavior incentives. Describe and explain changes (+ or -) greater than two percent.	X	HB_1	
1.1.2 Discuss any data trends related to: the below. Describe and explain changes (+ or -) greater than two percent.	X	HB_2	
1.1.2.i Beneficiaries using all incentivized health behaviors, by service			
1.1.2.ii Beneficiaries using incentivized health behaviors documented through claims, by service	X	HB_3	
1.1.2.iii Beneficiaries using incentivized behaviors not documented through claims, by service	X	HB_4	
1.1.3 Discuss any data trends related to beneficiaries granted a reward, such as premium reductions, financial rewards, or additional covered benefits, for completion of incentivized health behaviors. Describe and explain changes (+ or -) greater than two percent.	X	HB_5-7	
<b>HB.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the STCs, describe any changes or expected changes to how the state identifies and defines:	X		
1.2.1.i Beneficiaries subject to health behavior incentives			
1.2.1.ii Beneficiaries exempt from health behaviors incentives	X		
1.2.1.iii Incentivized health behaviors that beneficiaries can complete	X		
1.2.1.iv Rewards granted for the completion of incentivized health behaviors	X		
1.2.1.v Other policy changes	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.2.2 Describe any communication with beneficiaries about health behavior incentives.	X		
1.2.3 Describe any outreach or educational activities to providers, managed care organizations, or other partners about programs that incentivize particular health behaviors.	X		
1.2.4 Highlight significant demonstration operations or policy considerations that impacted or could impact beneficiary participation, demonstration enrollment or rewards granted for completion of incentivized health behaviors. Note any activity that may accelerate or impede the policy's implementation.	X		
<b>HB.Mod_2. State-specific metrics</b>			
<b>HB.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Community engagement</b>			
<b>CE.Mod_1. Specify community engagement policies</b>			
<b>CE.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	X	CE_1-8	
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	X	CE_9-14	
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	X	CE_15-24	
<b>CE.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.i Beneficiaries exempt from community engagement requirements			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP.
1.2.1.ii Qualifying community engagement activities and required hours	X		
1.2.1.iii Reporting frequency and hours measurement	X		
1.2.1.iv Situations that give rise to good cause	X		
1.2.1.v Compliance actions	X		
1.2.1.vi Other policy changes	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_2. Establish beneficiary supports and modifications</b>			
<b>CE.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to the below. Describe and explain changes (+ or -) greater than two percent.	X	CE 25	
2.1.1.i Supports and assistance overall			
2.1.1.ii Transportation assistance	X	CE_26	
2.1.1.iii Childcare assistance	X	CE_27	
2.1.1.iv Language supports	X	CE_28	
2.1.1.v Assistance with placement	X	CE_29	
2.1.1.vi Other supports, including assistance from other agencies and entities complementing Medicaid efforts	X	CE_30	
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	X	CE 31-32	



Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_2.2 Implementation update</b>			
2.2.1 Describe how the state is supporting beneficiaries to enable and assist participation in community engagement activities. Describe how the state is leveraging other agencies or public or private partnerships to make supports available to beneficiaries. Report any actions taken to provide beneficiaries enrolled in the demonstration with direct <b>transportation assistance</b> or referrals to transportation services. Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to provided transportation services. The state should report any actions, even if the specific number of beneficiaries supported or provided referrals for services cannot be tracked. Describe actions taken to ensure that lack of transportation is not a barrier for complying with community engagement activities.			
2.2.2 Describe how the state is supporting beneficiaries to enable and assist participation in community engagement activities. Describe how the state is leveraging other agencies or public or private partnerships to make supports available to beneficiaries. Report any actions taken to provide beneficiaries enrolled in the demonstration with direct <b>childcare assistance</b> or referrals to childcare assistance. Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to provided childcare assistance. The state should report any actions, even if the specific number of beneficiaries supported or provided referrals for assistance cannot be tracked. Describe actions taken to ensure that lack of childcare is not a barrier for complying with community engagement activities.			

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<p>2.2.3 Describe how the state is supporting beneficiaries to enable and assist participation in community engagement activities. Describe how the state is leveraging other agencies or public or private partnerships to make supports available to beneficiaries. Report any actions taken to provide beneficiaries enrolled in the demonstration with direct <b>language supports</b> or referrals to language supports. Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to provided language supports. The state should report any actions, even if the specific number of beneficiaries supported or provided referrals for supports cannot be tracked. Describe actions taken to ensure that lack of language supports is not a barrier for complying with community engagement activities.</p>			
<p>2.2.4 Describe how the state is supporting beneficiaries to enable and assist participation in community engagement activities. Describe how the state is leveraging other agencies or public or private partnerships to make supports available to beneficiaries. Report any actions taken to provide beneficiaries enrolled in the demonstration with direct <b>placement assistance</b> or referrals placement assistance. Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to provided placement assistance. The state should report any actions, even if the specific number of beneficiaries supported or provided referrals for assistance cannot be tracked. Describe actions taken to ensure that lack of placement assistance is not a barrier for complying with community engagement activities.</p>			

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
2.2.5 Describe how the state is supporting beneficiaries to enable and assist participation in community engagement activities. Describe how the state is leveraging other agencies or public or private partnerships to make supports available to beneficiaries. Report any actions taken to provide beneficiaries enrolled in the demonstration with <b>other supports</b> or referrals to other supports. Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to provided other supports. The state should report any actions, even if the specific number of beneficiaries supported or provided referrals for supports cannot be tracked. Describe actions taken to ensure that lack of other supports is not a barrier for complying with community engagement activities.			
2.2.6 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020, extension of HIP.
2.2.7 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	X		
2.2.8 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_3. Establish procedures for enrollment, verification and reporting</b>			
<b>CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>CE.Mod_3.2 Implementation update</b>			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state’s: 3.2.1.i Application/enrollment processes to identify beneficiaries subject to or exempt from CE			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP.
3.2.1.ii Renewal processes for the CE demonstration population	X		
3.2.1.iii Other planned modifications to the state’s eligibility determination and enrollment processes and operations as a result of implementation of CE requirements	X		
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for beneficiaries to report community engagement activities.	X		
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	X		
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s process for beneficiaries to file for an exemption.	X		
3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries’ compliance with CE requirements.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_4. Operationalize strategies for noncompliance</b>			
<b>CE.Mod_4.1 Metric trends</b>			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent.	X	CE_33	
4.1.1.i New suspensions			
4.1.1.ii New disenrollments	X	CE_34	
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	X	CE_35-40	
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	X	CE_41-46	
<b>CE.Mod_4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP.
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or re-enrollment (from termination) once community engagement requirements are met.	X		
4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	X		
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may re-enroll after disenrollment or suspension for failure to comply with CE requirements.	X		
4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the section 1115 CE demonstration.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_5. Develop comprehensive communications strategy</b>			
<b>CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i></b>			
<b>CE.Mod_5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: 5.2.1.i General CE policies			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP.
5.2.1.ii Exempt populations and good cause circumstances	X		
5.2.1.iii Suspension or disenrollment for noncompliance	X		
5.2.1.iv Reactivation following suspension or reentry after disenrollment for noncompliance	X		
5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	X		
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	X		
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	X		
5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	X		
5.2.6 Describe any internal staff training conducted during this reporting period.	X		



Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_6. Establish continuous monitoring</b>			
<b>CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i></b>			
<b>CE.Mod_6.2 Implementation update</b>			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP..
6.2.2 Describe whether the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	X		
6.2.3 Describe whether the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	X		
6.2.4 Describe whether the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	X		
6.2.5 Describe whether the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	X		
6.2.6 Describe whether the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	X		
6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
6.2.8 Describe whether the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, describe whether the state has adjusted CE requirements in those areas.	X		
6.2.9 Describe whether the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>CE.Mod_7. Develop, modify, and maintain systems</b>			
<b>CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i></b>			
<b>CE.Mod_7.2 Implementation update</b>			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for:			On June 24, 2021, CMS withdrew the conditional approval of the community engagement requirement from the October 26, 2020 extension of HIP.
7.2.1.i Eligibility and enrollment system			
7.2.1.ii CE reporting for beneficiaries	X		
7.2.1.iii CE reporting for other CE entities	X		
7.2.1.iv Integration of data from other public programs, such as SNAP and TANF	X		
7.2.1.v Suspension of benefits and payments and/or termination of eligibility	X		
7.2.1.vi Benefit reactivation and/or re-enrollment once community engagement requirements are met	X		
7.2.1.vii Other significant systems changes and modifications	X		
7.2.2 Describe any additional systems modifications that the state is planning to implement.	X		
<b>CE.Mod_8. State-specific metrics</b>			
<b>CE.Mod_8.1 Metric trends</b>			
8.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Retroactive eligibility waiver</b>			
<b>RW.Mod_1. Retroactive eligibility waiver and demonstration requirements</b>			
<b>RW.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.	X	RW_1-3	
<b>RW.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will determine whether beneficiaries are exempt from the retroactive eligibility waiver.	X		
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications to Medicaid applications to reflect the retroactive eligibility waiver.	X		
1.2.3 Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.	X		
<b>RW.Mod_2. Develop comprehensive communications strategy</b>			
<b>RW.Mod_2.1 Metric trends – No metric trend analysis is required for this reporting topic.</b>			
<b>RW.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy for communicating to beneficiaries about changes to retroactive eligibility policies.	X		
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
2.2.3 Describe any communication or outreach that was conducted with providers.	X		
<b>RW.Mod_3. State-specific metrics</b>			
<b>RW.Mod_3.1 Metric trends</b>			
3.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Non-eligibility periods</b>			
<b>NEP.Mod_1. Non-eligibility periods and demonstration requirements</b>			
<b>NEP.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to individuals in non-eligibility periods. Describe and explain changes (+ or -) greater than two percent.	X	AD_3	
<b>NEP.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.i Non-eligibility periods			This waiver authority is also suspended and conditional on the court issuing a decision in Azar v. Gresham.
1.2.1.ii Processes by which beneficiaries satisfy demonstration requirements to avoid non-eligibility periods	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>NEP.Mod_2. Exemptions from non-eligibility periods</b>			
<b>NEP.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>NEP.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 2.2.1.i How the state will identify beneficiaries that are exempt from non-eligibility periods, or that have good cause exemptions			This waiver authority is suspended and conditional on the court issuing a decision in Azar v. Gresham.
2.2.1.ii How the state identifies, and/or how beneficiaries report exemptions or good cause circumstances from non-eligibility periods, and what documentation is necessary	X		
2.2.2 Describe any modifications to the appeals processes for individuals subject to non-eligibility periods, including what happens to individuals while appeals cases are pending or in the appeals/fair hearing process.	X		

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>NEP.Mod_3. Re-enrollment after non-eligibility periods</b>			
<b>NEP.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>NEP.Mod_3.2 Implementation update</b>			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to what actions individuals will need to take to re-enroll after a non-eligibility period ends.	X		
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will process new applications for individuals who were disenrolled due to a non-eligibility period.	X		
3.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will handle applications for individuals who reapply for coverage before the end of their non-eligibility period.	X		



Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>NEP.Mod_4. Develop comprehensive communications strategy</b>			
<b>NEP.Mod_4.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>NEP.Mod_4.2 Implementation update</b>			
4.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s plan for communicating to current beneficiaries and new applicants/beneficiaries about the demonstration's non-eligibility period provision(s).	X		
4.2.3 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy for communicating to individuals when and how they can re-enroll after non-eligibility periods.	X		
<b>NEP.Mod_5. Develop and modify systems</b>			
<b>NEP.Mod_5.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>NEP.Mod_5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will identify and track individuals in non-eligibility periods.	X		
5.2.2 Describe any systems modifications that the state has implemented or is planning to implement to operationalize non-eligibility periods, and/or to re-enroll beneficiaries after non-eligibility periods end.	X		
<b>NEP.Mod_6. State-specific metrics</b>			
<b>NEP.Mod_6.1 Metric trends</b>			
6.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

**4. Narrative information on implementation for any demonstration with eligibility and coverage policies**

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1. Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS’s efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)</b>			
<b>AD.Mod_1.1. Metric trends</b>			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	X	AD_1-5	
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	X	AD_6-10	
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	X	AD_11-13	
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	X	AD_14-21	
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	X	AD_22	
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	X	AD_23-27	
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	X	AD_28-36	
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	X	AD_37-43	
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	X	AD_44	

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1.2. Implementation update</b>			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			Enrollment in HIP has increased over the past 20 months due to the pause on disenrollments during the COVID-19 PHE. On August 1, 2021, members in the Regular Basic aid category (MARB) were shifted to the Regular Plus aid category (MARP) for the remainder of the PHE. This update will not affect State Plan Basic (MASB) members as they will remain in their category. Members enrolling through Presumptive Eligibility or from a suspended status will also automatically enroll in Plus with this update. Only members who were impacted by this upgrade received relevant communication.
<b>AD.Mod_2. State-specific metrics</b>			
<b>AD.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	X		

**5. Narrative information on other reporting topics**

Prompt	State has no update (place an X)	State response
<b>1. Budget neutrality</b>		
<b>1.1 Current status and analysis</b>		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		The “Total Adjustments” tab reflects adjustments made to Schedule C expenditures that are now being reported for Demonstration Year (DY) 7 to reflect the actual experience for the first nine months of CY 2021. This adjustment is necessary as Schedule C reporting has a lag of six months. Projected expenditures are now about 4.6% higher than provided in the prior quarter reporting. Approximately half of the impact is due to the updated experience and the remainder is due to the changes made during the reconciliation with Optum that Milliman implemented since the last quarter reporting.
<b>1.2 Implementation update</b>		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	X	
<b>2. Eligibility and coverage demonstration evaluation update</b>		
<b>2.1 Narrative information</b>		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations for annual monitoring reports. See Monitoring Report Instructions for more details.		The HIP evaluation design for DY2021-2030 was submitted on June 23, 2021. It is currently under review by CMS and anticipating feedback on the report in Q3 2021. The State is also finalizing the contract with The Lewin Group, Inc. In addition, the State and Lewin are preparing data extracts for the HIP Summative Evaluation report for DY2018-2020 which is due to CMS no later than June 30, 2022.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	X	
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompt	State has no update (place an X)	State response
<b>3. Other demonstration reporting</b>		
<b>3.1 General reporting requirements</b>		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.i The schedule for completing and submitting monitoring reports	X	
3.1.2.ii The content or completeness of submitted monitoring reports and or future monitoring reports		Data submitted throughout the PHE will reflect those COVID-19 policies.
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	

Prompt	State has no update (place an X)	State response
<b>3.2 Post-award public forum</b>		

<p>3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.</p>	<p>The 1115 demonstration waiver post award forum was held on August 31, 2021 during a special meeting of the Medicaid Advisory Committee and was open to the public. Due to the ongoing nature of the COVID-19 PHE, this meeting was held virtually. The state presented on HIP eligibility and enrollment and gave an update of the operational status. In addition, updates were provided for the Serious Mental Illness (SMI) waiver, the Substance Use Disorders (SUD) waiver, and the Maternal Opioid Misuse Indiana Initiative (MOMII) waiver.</p> <p>Due to the virtual nature of this year’s public comment, the four managed care entities (MCEs) provided written comments in support of the HIP, SMI, and SUD waivers. An MCE commented that the HIP program enhancement has enabled them to further support their members by focusing on social determinants of health through programs addressing such issues as housing, education, and employment. These sentiments were echoed across all the MCEs. In addition, all four of the MCEs were supportive about the start of Workforce Bridge Account Program which will help HIP members transition to commercial coverage if they disenroll for increased income. The WBA program is not currently active since HIP member coverage will not be terminated until disenrollment policies are re-established post the public health emergency and members are given ample notice.</p> <p>The public commenters—members of the community and members of HIP—strongly encouraged the state not to bring back POWER Account payments and to keep the HIP Plus upgrade for affected members as a permanent fixture of the program (i.e., removing HIP Basic as a plan option and making Plus coverage free for all members). Additionally, many raised concerns about the complexities of eligibility and the barriers those complexities create for members enrolling in and maintaining HIP coverage. Some commenters noted that communications from the state and from the MCEs were difficult to understand, which hindered their understanding of their benefits and eligibility.</p> <p>As the meeting was held virtually, there were connectivity issues, disrupting oral comments. Most commenters had to paste their comments into the “chat box” feature of the virtual meeting as a result. They were also encouraged to forward their comments to the HIP and Medicaid Directors via email.</p>
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Prompt	State has no update (place an X)	State response
		Most questions received were in the “chat box” feature of the virtual meeting where guests of the meeting could type in questions and a moderator would repeat the question to the presenters. Questions were related to understanding HIP eligibility, POWER Accounts, results regarding the disparities found in the Interim HIP Evaluation, and ongoing operational and policy updates in response to COVID-19.
<b>4. Notable state achievements and/or innovations</b>		
<b>4.1 Narrative information</b>		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

\*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

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