



Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
402 W. WASHINGTON STREET, ROOM W374, MS 07
INDIANAPOLIS, IN 46204-2739

February 28, 2018

Shanna Janu
Project Officer
Division of Medicaid Expansion Demonstrations
State Demonstrations Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, MS S2-02-26
Baltimore, MD 21244

Re: Acceptance of 1115(a) healthy Indiana Plan (Project Number 11-W-0026/5)

Dear Ms. Janu,

I am pleased to accept the award of approval for the 1115(a) Healthy Indiana Plan (HIP) as outlined in your letter dated February 1, 2018, authorizing HIP to operate through December 31, 2020. The State of Indiana looks forward to continued work with CMS during this extension period. This acceptance letter also incorporates acknowledgement of the corresponding waiver, expenditure authority and special terms and conditions for the period of February 1, 2018 through December 31, 2020, contingent upon revisions to include the technical corrections contained in Attachment 1.

Thank you for your thoughtful consideration of the HIP renewal package. We look forward to continuing to work with CMS during the course of the demonstration. If you have questions or need any information please contact Natalie Angel at 1-317-234-5547 or Natalie.Angel@fssa.in.gov.

Sincerely,



Allison Taylor
Medicaid Director
Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration



Technical Corrections to 11-W-00296/5

February 2018

#	Page #	Current Language	Concern	Suggested Modification/Action
1.	2	<i>Comparability Waiver: ...HIP Basic will be subject to copayments at Medicaid permissible levels, except for non-emergency use of the emergency department, as described in the STCs.</i>	Non-ER Copay language needs to be removed	<i>HIP Basic will be subject to copayments at Medicaid permissible levels, except for non-emergency use of the emergency department, as described in the STCs.</i>
2.	2	<i>Substance use disorder SUD</i>	General edit	STC Modification: Delete Substance use disorder, use only SUD, or add parentheses
3.	10	<i>Women who are enrolled in HIP and report a pregnancy will begin to receive state plan equivalent benefits that are equal to or more generous than in all categories than the benefits provided in the HIP ABPs and all required prenatal services.</i>	Rephrase for context	STC Modification: <i>Women who are enrolled in HIP and report a pregnancy will receive all required prenatal services and will begin to receive state plan equivalent benefits that are equal to or more generous than in all categories than the benefits provided in the HIP ABPs.</i>
4.	11 & 12	Technical edit on benefits table.	Basic is not selected for adult group over 100% (this occurs when income changes, or during transition from one category to the next in HIP), HIP Plus selected for TMA over 100% but based on STCs I don't think TMA can be put into ABP.	STC modification: Select HIP Basic and HIP Plus for adult group, select only HIP State Plan for TMA over 133% FPL
5.	14	<i>Hourly Requirement Phase-In of the Community Engagement Initiative</i>	Rephrase for Context	STC Modification: <i>Phase-in of the Community Engagement Initiative</i>
6.	19	<i>In HIP Basic, the beneficiary would then be responsible for paying copayments in</i>	Incorrect, HIP Basic copayments are in the waiver, not in the state plan.	STC Modification: <i>In HIP Basic, the beneficiary would then be responsible for paying copayments in amounts</i>

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		<i>accordance of amounts specified in the State Plan.</i>		<i>allowable under the State Plan and specified in this waiver.</i>
7.	20	<i>'...and that payment of a POWER account contribution means an individual can now only change plans for cause and how an enrollment broker can help.'</i>	Does not capture lock in and annual enrollments.	STC Modification: <i>'...and that individuals may be subject to an annual health plan lock in and may only change plans for cause outside of the annual selection period, for those not subject to a lock in that payment of a POWER account contribution means an individual can now only change plans for cause, and how an enrollment broker can help.'</i>
8.	21	<i>MCO will identify tobacco users</i>	MCO does not do the identification, MCO receives information	STC Modification: Delete identify tobacco users – MCO will apply the surcharge
9.	23	<i>7. The state will continue to operate in compliance with the approved POWER Account Contributions and Copayment Infrastructure Operational Protocol. Any changes to the operations of the POWER Account will be amended in the protocol and submitted to CMS.</i>	Language references approved protocol and that the state may operate in compliance with the protocol.	STC Modification: <i>7. The state will continue to maintain the POWER account Contributions and Copayment Infrastructure Operational Protocol and will submit updates to CMS.</i>
10.	23	<i>There are no limits to the amounts that third parties can contribute...</i>	Language is too broad, and does not align with the employer language.	STC Modificaiton: Align with employer language from #8. <i>'A third party's contribution must be used to offset the beneficiary's required contribution only -- not the state's-- and thus may not be greater than the beneficiary's expected annual contribution amount.'</i>

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11.	24	<i>POWER Account contribution and co-payment operational protocol</i>	Consistency in how protocol is referred to.	STC Modification: POWER Account Contribution and Copayments Infrastructure Operational Protocol
12.	25	<i>In the operational protocol.</i>	Consistency in how protocol is referred to.	STC Modification: POWER Account Contribution and Copayments Infrastructure Operational Protocol
13.	26	<i>Consistent with an effective date consistent with the beneficiary's eligibility category.</i>	Update for clarity	STC Modification: Consistent with the coverage effective date for the beneficiary's eligibility category.
14.	39	<i>The beneficiary is required to remain in that MCO for twelve months...</i>	Does not account for calendar year	STC Modification: <i>The beneficiary is required to remain in that MCO for the current calendar year...</i>
15.	39	During the 12-month benefit year	Does not account for calendar year	STC Modification: <i>During the same calendar year</i>
16.	41	<i>Must return the remaining balance, provide the entire remaining balance</i>	Clarify language	STC Modification: <i>must return any remaining balance, must provide any remaining balance</i>
17.	44	Close out report	Clarity needed	Whether this report is required if the State is requesting a renewal of the Demonstration, and b) If the report is indeed required, what should be included within the report.
18.	44	<i>CMS review of Protocols: The state may request changes to protocols which will be effective prospectively. Changes may be subject to an amendment ... A delay in submitting such protocols could subject the state to penalties...</i>	With the state maintaining the POWER account protocol, it is unclear if this relates only to the eval design and SUD protocols or also to the maintained POWER account protocol -- does the state have	Recommend specifying that this is only applicable to the protocols which are required to be attachments to these STCs.

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			to request changes or can the state just make changes and submit for this protocol? It is the states understanding that based on discussion that maintenance of this protocol is not subject to STC 1 penalties?	
19.	65	<i>Eval timeline does not reflect waiver deadlines.</i>	Can timeline be updated to reflect HIP deadlines?	Update timeline.